



## Nosebleeds: What You Need to Know

### Causes

A day does not go by, especially in the late fall, that we fail to see a few children with recurrent nosebleeds. Why late fall? For one thing, the heat starts to come on, and that tends to dry out the indoor air. But even more importantly, this is when we begin to see more colds, sinus infections, and indoor allergen problems. These conditions cause children, especially younger ones, to rub, scratch, and sometimes injure their nasal septum -- the wall that separates our nostrils -- and that's where most nosebleeds originate. We tend to suspect this kind of injury when the bleeding always occurs from the same nostril.

### Treatment

Since most nosebleeds occur from raw spots on the lower septum, the best way to get them to stop is to squeeze the lower portion of the nose. Typically, five to ten minutes of medium pressure will be needed. Applying ice to the neck or forehead doesn't help much, and probably will turn your child into a moving target!

Call our office if the bleeding hasn't slowed or stopped after 15 minutes of pressure. If you have Neosynephrine<sup>®</sup> (regular strength) spray handy, that's a good time to put one squirt up there. Applying the spray to a piece of cotton and inserting it into the bleeding nostril usually stops even stubborn bleeders. Hydrogen peroxide can help clean stained clothing quickly.

### Prevention & Referral

Once the bleeding has stopped, it's a good idea to put an ointment such as Vaseline<sup>®</sup> or Aquaphor<sup>®</sup> in the nose twice daily for several days. This will help heal any raw spots. If the heat is running full blast, as in mid-winter, using a saline nasal spray like Ocean<sup>®</sup> and running a humidifier in the evening may be useful. Taking a decongestant such as Dimetapp<sup>®</sup> for three to five days after a bleed may also be prudent.

If bleeding repeatedly recurs on the same side or if we see an abnormal area on the septum during an office visit, we may suggest a visit to an ENT doctor who might cauterize (light burn) the troublesome spot. The success rate of cautery, though, is far from perfect. In very stubborn cases, we will also suggest blood tests to check for anemia and bleeding disorders.

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