



Using a swimmer's nose clip in the treatment of epistaxis in the A&E department

Hersad M. Vaghela BSc, MRCS, DLO

Department of Otorhinolaryngology, Head and Neck Surgery, Leicester Royal Infirmary, Infirmary Square, Leicester LE1 5WW, UK

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Summary A swimmer's nose clip is a very useful adjunct when treating patients with spontaneous, anterior epistaxis. This clip is extremely efficient at providing constant, localised pressure over the bleeding vessel, in Little's area, and alleviates the need to pinch the nose. This allows for haemostasis to occur. This should alleviate the need for nasal packs and thus for admission into hospital. Any medical practitioner treating epistaxis patients can apply it.

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Introduction

Epistaxis is the most common cause for emergency admission to an ENT ward (Denholm et al., 1993). The reported prevalence of epistaxis is between 10% and 12% in the general population (Watkinson, 1997). A large number of these patients are treated by general practitioners and, more acutely, by staff in the accident and emergency department. Ninety-five percent of patients with epistaxis have an anterior bleeding site (Viducich et al., 1995) with the vast majority being within Little's area (the first centimetre of the nasal septum) (Tan and Calhoun, 1999). A bleeding vessel located here can be successfully halted by constant pressure applied to the nostrils for 20 min.

I describe my experience, as an ENT junior, of treating anterior spontaneous epistaxis with the application of a swimmer's nose clip over the lower half of the nose to halt the bleeding (Fig. 1).

Technique

The nose clip is applied externally over the lower cartilages of the nose. This provides constant pressure upon and around Little's area (Fig. 2). The confirmation of an anterior epistaxis by direct visualisation prior to the application of the clip would be beneficial; however, the lack of equipment and experience in non-ENT practitioners means this may not be possible. The clip is left in place for 20 min, with the patient seated, head held forwards and an ice pack applied to the nasal bridge.

E-mail address: hvaghela@hotmail.com

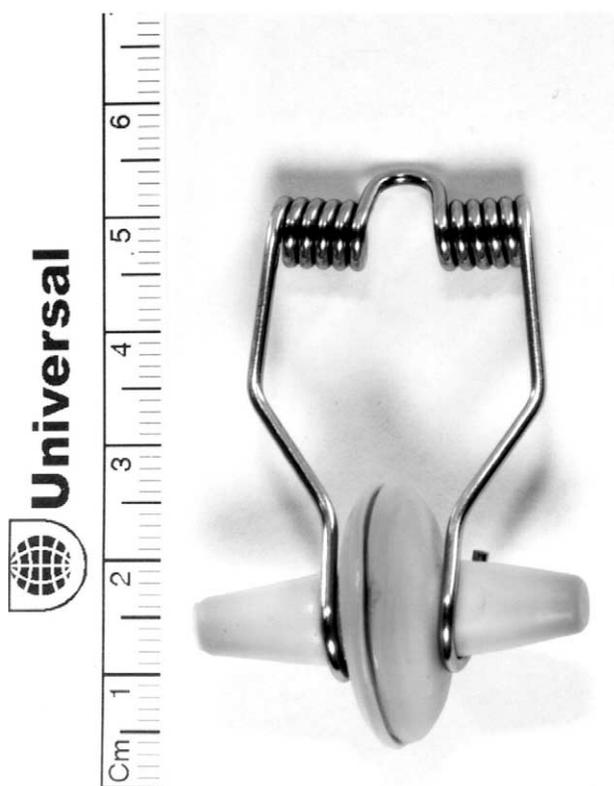


Figure 1 A swimmer's nose clip, used by myself in the treatment of anterior epistaxis.

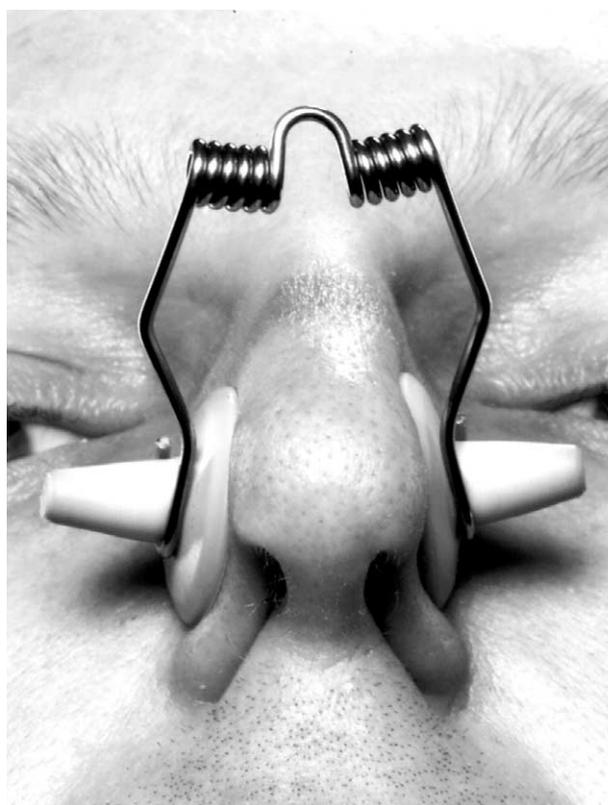


Figure 2 The nose clip in position applying constant pressure over Little's area.

Once this position is adopted the patient is monitored with regular pulse and blood pressure recordings.

In the vast majority of epistaxis cases and all the anterior epistaxis cases, haemostasis had been achieved once the clip is removed. Failure to stop the epistaxis with this technique is an indication for referral to the ENT team for further management.

Discussion

Prompt and appropriate first-line management of epistaxis is important to minimise patient morbidity and mortality. Simple pressure over the nares will achieve haemostasis in most cases of epistaxis (Watkinson, 1997) and in almost all anterior epistaxis (Tan and Calhoun, 1999). The problem with 'pinching' the nose for 20 min is that it is difficult to maintain a constant adequate pressure at one location (Turner, 1996). The use of an assistant is better, however, this requires a member of staff to be engaged in this procedure for 20 min. The use of the nose clip alleviates the need for the patient or an assistant to apply compression and thus

is more efficient. The clip may be applied by any A&E staff member or by paramedics quickly and simply.

Having used the clip for over 4 years as an ENT trainee, I have found it indispensable in the management of spontaneous anterior epistaxis both in haemodynamically stable and unstable patients.

Clips are not suitable for all patients with epistaxis. They are ineffective in traumatic epistaxis, bleeding not from Little's area, and patients with dermatological conditions on their nares. The clip is only available in one size and is thus not suitable for small children as their nose maybe too small to accommodate the nose clip comfortably. Some patients have commented at the clip causing discomfort if left on for more than 30 min, thus my recommendation of 20 min.

The clip is constructed of metal and rubber, and can be sterilised in the hospital's TSSU. At the cost of approximately £3 it is a very useful adjunct for the treatment of epistaxis by any practitioner. This simple and quick intervention should allow for epistaxis patients to be effectively treated by the A&E teams, thus reducing the number of patients requiring nasal packs and thereby hospital admission.

Acknowledgement

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