A Public Health Survey of Epistaxis Management

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Introduction

- Epistaxis is the commonest ENT emergency, with an incidence of approximately 108 per 100,000 of the population per year [1].
- Up to 87% of patients with epistaxis are admitted, resulting in a huge cost to the National Health Service [2].
- During 2007 at Medway Maritime Hospital, we estimated almost 50% of patients presenting to the emergency clinic with epistaxis required no intervention and were discharged after initial assessment.
- NHS Direct, our national helpline gives ambiguous advice to patients such as:
  - Place a covered ice pack on your cheek to help soothe the area.
  - The bleeding should stop and not start again, unless your nose is knotted or picked.
- Influenced by this information and our own observations we undertook a survey to assess the level of public knowledge of the correct initial management of epistaxis.

Objectives

1. To evaluate the level of knowledge held by the general public regarding the treatment of epistaxis.
2. To utilise this information to generate patient education material, and therefore improve the management of epistaxis outside of hospital.

Methods

- 500 questionnaires were distributed to patients and relatives attending the ENT outpatients department at Medway Maritime Hospital, Kent, England during November and December 2007.
- The survey entailed 5 multiple choice questions regarding the immediate management of epistaxis and the risk factors predisposing to episodes of epistaxis.
- Respondents were considered to have sufficient first aid knowledge of epistaxis if they answered all 3 of the first 3 questions correctly.

(See below - correct answers are highlighted)

Questionnaire

We would be most grateful if you could complete the following questionnaire on nose bleeds. Please tick one or more of the boxes for each question.

**Question 1:** Where should you pinch your nose when you have a nosebleed? (please circle A or B.)

- A. Sitz with your head between your knees
- B. Sit upright with your head forward

**Question 2:** How long should you pinch your nose to stop a nosebleed?

- a) Less than 5 minutes
- b) Between 5 and 10 minutes
- c) Between 10 and 15 minutes

**Question 3:** When you have a nosebleed should you:

- a) Sit upright with your head forward
- b) Sit with your head back
- c) Sit with your head between your knees

**Question 4:** Ice can be used to stop a nosebleed. Should you:

- a) Place an ice pack over the bridge of your nose
- b) Suck an ice cube
- c) Place an ice pack on the back of the neck

**Question 5:** Which medicines make nosebleeds worse?

- a) Aspirin
- b) Paracetamol
- c) Warfarin

Results

- Of the 500 questionnaires distributed, 477 were completed legibly.
- Only 12 respondents were deemed to have sufficient first aid knowledge (2.5%).
- 15.2% of respondents knew that to control a nosebleed they should compress the nose at position B.
- Only 7.6% of patients knew the optimum period of compression to be greater than 10 minutes.
- 47.0% of patients knew to adopt a sitting position with the head held forward during compression.
- 52.7% knew the correct positioning of an ice-pack would be over the bridge of the nose.
- 10.2% of respondents recognised that both Aspirin and Warfarin lead to worsening nosebleeds.
- The graphs show the correct answers in red.

Summary

- With such a high incidence of epistaxis, the results of this survey highlight the need for greater public awareness in the management of this potentially life threatening ENT emergency.
- The poor level of knowledge demonstrated by the respondents, of whom none answered all of the questions correctly, is a major factor contributing to unnecessary presentations to hospital.
- A previous survey performed at Brighton and Worthing Hospitals has shown a similar picture, where only 3.1% of the 382 respondents answered all five questions correctly [3].
- We are in discussion with NHS Direct regarding updating their epistaxis management advice.
- We have also designed patient education posters and leaflets to distribute to the hospital outpatient departments and the surgeries of general practitioners.