

CLINICAL PRACTICE GUIDELINES

PATIENT INFORMATION

NASAL PACKING: FAQs FOR NOSEBLEED PATIENTS

HOW LONG WILL THE PACKING STAY IN?	Your packing will stay in place for a time agreed upon with your health care provider. Typically, it should be in place for no longer than 5 days. Other things that may determine how long the packing will stay in include how heavy the nosebleed is, where the nosebleed is, certain underlying medical conditions, and your comfort. If your packing is resorbable, it may not need removal and it will go away with time and the use of nasal saline (salt water) sprays.
WILL I BE UNCOMFORTABLE WITH PACKING?	Nasal packing takes up space in your nose and lessens the airflow into your nose, making it harder to breathe through your nose. It can also block your sinuses from draining and block the flow of your tears into the nose. You may feel like you have a cold while the packing is in place. You may have a stuffy nose, decreased ability to smell, pressure around your face, headaches, runny nose, and tearing from the eyes.
CAN I STILL HAVE A NOSEBLEED WITH THE PACKING IN?	Yes, if pressure from the packing is not able to reach the area of bleeding in the nose, bleeding can happen. If this happens, pinch the soft part of the nose. If bleeding continues or becomes heavier, call your health care provider, or go to the emergency department.
SHOULDN'T WE LEAVE THE PACKING IN LONGER?	If you are given non-resorbable packing (packing that does not dissolve), leaving the packing in past the time recommended by your health care provider can cause possible complications. It is important to stick to the exact follow-up directions from your health care provider.
WHAT COMPLICATIONS CAN RESULT FROM PACKING?	Packing is a foreign object that can allow the growth of bacteria in the nose. There is a low risk of infection spreading to the nose and sinuses or, in extremely rare cases, throughout the body. The packing also provides pressure inside the nose. This may lower blood flow to areas of the nose and result in injury. Septal perforations (hole in the partition dividing the right and left nasal cavity) and scarring in the nasal cavity can form after the packing is removed. If the packing is held with clips at the nasal opening, pressure sores of the outside skin can form over time and result in scarring. Packing blocks airflow into the nose, making it harder to breathe through your nose, and can interrupt sleep at night, which can contribute to or worsen obstructive sleep apnea.

SOURCE: Tunkel DE, Anne S, Payne SC, et al. Clinical practice guideline: nosebleed (epistaxis). *Otolaryngol Head Neck Surg.* 2020;162(1_Suppl):S1-S38.



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HOW CAN I REDUCE THE CHANCE OF COMPLICATIONS ASSOCIATED WITH PACKING?	In some cases, your health care provider will prescribe oral antibiotics if the risk for infection is high. Antibiotics, while generally safe, do have some risks, including allergic reactions and gastrointestinal (stomach) problems. You should discuss the risks and benefits of antibiotics with your health care provider. Keeping the nose and packing moist with nasal saline (salt water) sprays throughout the day can reduce dry crusting and help resorbable packing melt away. There should be fewer chances of complications if you follow the exact follow-up instructions from your health care provider.
WHAT TYPES OF RESTRICTIONS SHOULD I FOLLOW?	To avoid increased blood flow to the nose and risk of further bleeding, you should avoid straining, lifting over 10 pounds, bending over, and exercising. Sleeping with the head slightly higher may also help. Walking and other light activity is allowed. Unless otherwise told by your health care provider, avoid over-the-counter pain medicine that may increase bleeding, including aspirin and ibuprofen. Acetaminophen (Tylenol) does not increase bleeding and can be used. In general, you should not try to blow your nose if you have packing in place. If you feel the need to sneeze, sneeze with your mouth open.
WHAT TYPES OF SYMPTOMS SHOULD I BE CONCERNED WITH?	You should call your health care provider with any of the following: return of blood from the nose or mouth, fever over 101 degrees Fahrenheit, increasing pain, vision changes, shortness of breath or difficulty breathing, loss of color around the skin of the nose, swelling of the face, or a diffuse (spreading) skin rash.
WHO WILL REMOVE THE PACKING AND WHERE WILL THIS HAPPEN?	You should talk about this with your health care provider at the time the packing is placed.
WHAT HAPPENS AFTER THE PACKING IS REMOVED?	You may at first have some small amount of bleeding from the raw areas inside your nose. Keeping the nose moist with saline (salt water) spray and moisturizing agents (like petroleum jelly and antibiotic ointments) will prevent dry crusts and help with healing. In some cases, nosebleeds may happen again and additional treatment may be needed. If this happens, pinch the soft part of the nose and consider the use of nasal sprays like oxymetazoline (pronounced ok-see-muh-taz-uh-leen) or phenylephrine (pronounced fen-l-ef-reen), which can help slow nosebleeds. If bleeding continues, call your health care provider or go to the emergency department.

SOURCE: Tunkel DE, Anne S, Payne SC, et al. Clinical practice guideline: nosebleed (epistaxis). *Otolaryngol Head Neck Surg.* 2020;162(1_Suppl):S1-S38.



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ABOUT THE AAO-HNS/F

The American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS) represents approximately 12,000 specialists worldwide who treat the ear, nose, throat, and related structures of the head and neck. The AAO-HNS Foundation works to advance the art, science, and ethical practice of otolaryngology-head and neck surgery through education, research, and lifelong learning.