

## Nose pathologies

Disclaimer:  
Read the disclaimer at [medimaps.co.uk/disclaimer](http://medimaps.co.uk/disclaimer)

References:  
1. Mr Steve Frampton consultant ENT Best Practice Oct 2020  
2. ENT consultant ABMA webinar Mar 2021.

### Epistaxis

- Descriptions of volume are notoriously inaccurate.

- Treatment is lubrication.  
- Apply to the inside wall of the nare i.e. opposite the septum wall and then gently press the nare to spread the lubricant onto the septum.  
- So can use Naseptin BD for 8/52.  
- If run out of it, can simply use vasaline.  
- Is equivalent to cautery (cautery can cause damage, and should only be done if acute bleed or in last 1/52).  
- Gently blow bubbles through nose in water a few hours afterwards to clear out the crust and clots.

- Beware: if profuse bleeding in young boy think of angiofibroma (won't see it in 10 care). Refer to ENT.

- Beware: if profuse unilateral bleeding in adult = 2ww.

### Septal perforation

- Often feel blocked as the normal laminar flow is disrupted, and just feels 'blocked'.

- If incidental = nil needed.

### Nasal fracture

#### Investigations

Septal haematoma

Soft swelling on septum.

- STAT referral to ENT to drain and prevent cosmetic changes to the nose.

#### Management

- Must operate within 2/52 else bone sets.  
- ENT want to see after swelling settled i.e. 5-7/7 after trauma.