

Risk of Re-bleeding In The Packed Epistaxis Patient: A Pilot Study To Inform Potential Outpatient Management.

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Abstract

Background: Epistaxis management frequently includes the insertion of a non-absorbable nasal pack, and patients may often be admitted during this treatment. During the recent COVID-19 pandemic, UK guidance to discharge “suitable” patients, with pack in-situ, was published in order to minimise hospital admissions and viral nosocomial transmission. Evidence which defines patient suitability for discharge, however, is lacking. Method: The medical records of 100 patients admitted for idiopathic epistaxis in our trust, managed with non-absorbable packing, were analysed. We sought to determine whether risk factors for re-bleeding through packs, or for haemorrhage-related complications, for which inpatient admission would allow more timely treatment, could be identified. Patient factors and outcomes were correlated using binomial logistic regression. Results: 13 patients re-bleed through nasal packing. Statistically significant (1 tailed, $P < 0.05$) predictors of bleeding despite packing were male sex, hypertension diagnosis, and aspirin use, with younger patients being at a modestly increased risk. Warfarin or direct oral anticoagulant (DOAC) use was not associated with increased bleeding risk. Conclusion: This study provides initial evidence of factors that affect the risk of bleeding through packs, and which patients may require inpatient care when packed. We recommend a future multicentre study with larger recruitment numbers to expand upon this pilot study’s results.

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