

Short Communications

A valuable device in the management of epistaxis

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Abstract

A suction end for use in epistaxis is presented. It has advantages over commonly used devices in offering a comfortable length for handling and adequate diameter for effective control of severe haemorrhage. It is also disposable which reduces the risk of blood borne transmission of diseases.

Key words: Epistaxis, instrumentation

Introduction

Epistaxis is a common condition. Its incidence is 10 per 10,000 per year (Small and Maran, 1984) and prevalence at 10–13 per cent of the general population (Shaheen, 1987).

Treatment is usually straightforward. With good illumination of the nose, blood clots are removed by nose blowing and suction. Cautery is then applied to the bleeding vessel to achieve haemostasis after the source of the bleeding is identified (Josephson, 1991).

Occasionally, severe epistaxis may present as a dramatic emergency. In the presence of significant haemorrhage it is difficult to get adequate control of the bleeding. Accurate localization and cautery of the vessel is not that easy to achieve in these situations. This may be attributable to the lack of adequate suction devices available which are of too small a diameter for effective suction of significant haemorrhage and/or blood clots. The suction tips become clogged up easily.

Disposable suction device

We present a simple device which is effective and cheap. It is of sufficient diameter to achieve control of even the most severe haemorrhage and a design that offers good control and easy usage in severe haemorrhage, with minimal discomfort (Figure 1).

The device is designed as a disposable tube connector and marketed as such by Sherwood Medical Industries (Crawley Argyle connectors). It is made of transparent polyvinyl chloride measuring 108 mm in length which tapers at one end to an internal diameter of 2.5 mm (external diameter of 3.5 mm) while the other end is tapered to fit comfortably onto the end of suction tubing. The device is easily held in the hand and gives an effective field of vision to enable the source of bleeding to be identified and appropriate measures to be taken. It is far more effective than the common suction devices available eg Zoellner, Lempert, Fomby or Magill suction ends which tend to be of too small a diameter to get adequate control of haemorrhage in severe epistaxis.

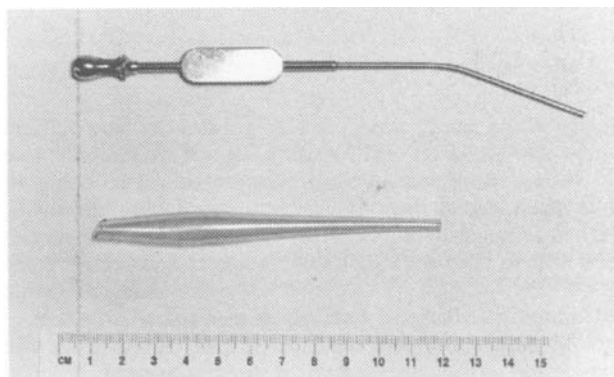


FIG. 1

Device compared to Zoellner sucker

Technique

The suction end is attached to the suction tubing (Figure 2) and is held in the same fashion as a Zoellner sucker. It has greater suction power and clearing of the area of blood

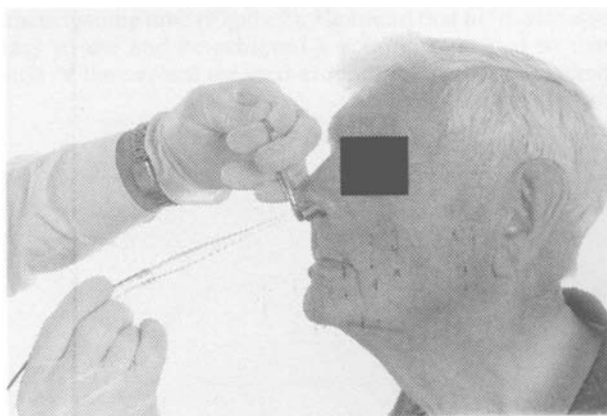


FIG. 2

Device in use

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than standard devices. This enables a greater control of the bleeding and therefore more effective sight of the bleeding point for cautery or packing of the nose as necessary.

In 1995/1996 over 200 cases of epistaxis were treated at City Hospital, Birmingham and in almost all cases the device, introduced by the first author, was used in preference to other suction ends by junior staff in the management of epistaxis. The control of blood flow achieved, ease of use and the fact that it is disposable has ensured that it now has a standard place on the ENT trolley, in the A and E department, in out-patients and on the ward. The first author has also introduced the device to other hospitals in the West Midlands.

Conclusion

This suction device is more effective than commonly-used suction ends. It is also disposable which reduces the risk of transmission of blood-borne diseases. Furthermore, it is relatively inexpensive and eliminates the sterilization and repackaging costs of conventional suction devices used in epistaxis, welcomed by those responsible for budgets.

Appendix

Device

Argyle Sims Tube Connector
Catalogue No. 8888 – 270306 (Carton of 100)
Sherwood Medical Industries Catalogue P.A70

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