

How I do it

An innovative approach to anterior rhinoscopy

D. BRAY, M.B.B.S., M.R.C.S.(ED.)

Abstract

Anterior rhinoscopy with a Thudicum's or Killian's speculum is essential in the assessment and treatment of anterior epistaxis. A simple technique for visualization of the nasal septum is described which enables a two-handed approach to treatment and is achieved with materials readily available in the emergency department.

Key words: Nose; Diagnosis

Introduction

Anterior rhinoscopy is an essential part of any ENT examination. Thudicum's or Killian's specula are used to open the anterior nares to visualize the nasal septum and inferior turbinates (Figure 1). In the emergency setting Thudicum's assisted rhinoscopy is used for assessment and treatment of anterior epistaxis. If the bleeding is severe, this can be cumbersome as the speculum is held with one hand and both suction, and silver nitrate cautery are

performed with the other. This paper describes an innovative, inexpensive and 'hands-free' method of visualizing the anterior vestibule using materials readily available in any emergency department.

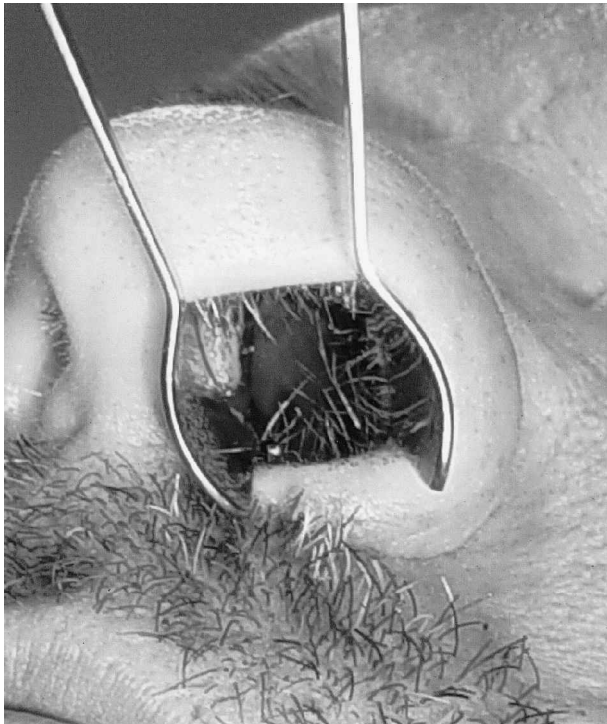


FIG. 1

View of anterior vestibule with Thudicum's speculum.

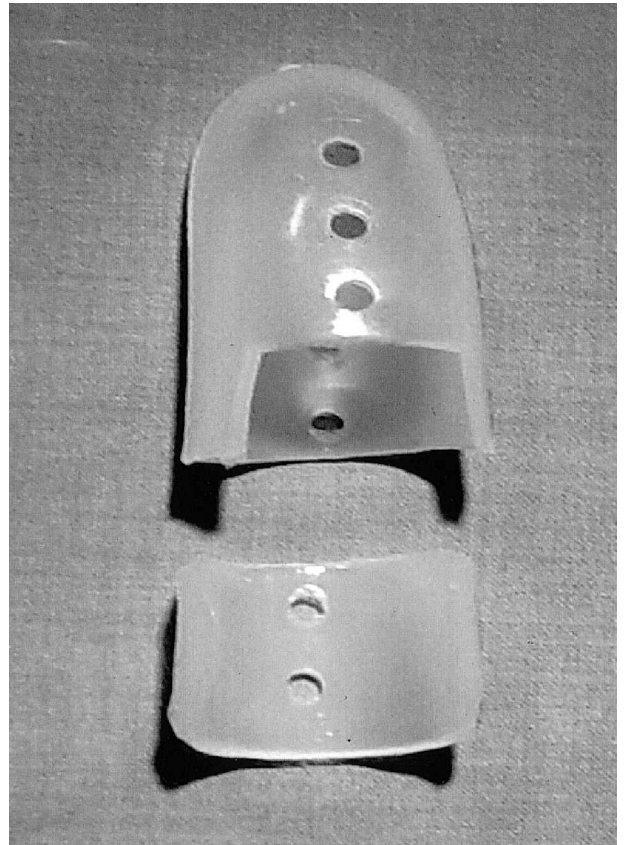


FIG. 2

Mallet splint modification.

From the Department of Otolaryngology, St George's Hospital, London, UK.
Accepted for publication: 2 February 2004.



FIG. 3

View of anterior vestibule with modified Mallet splint.

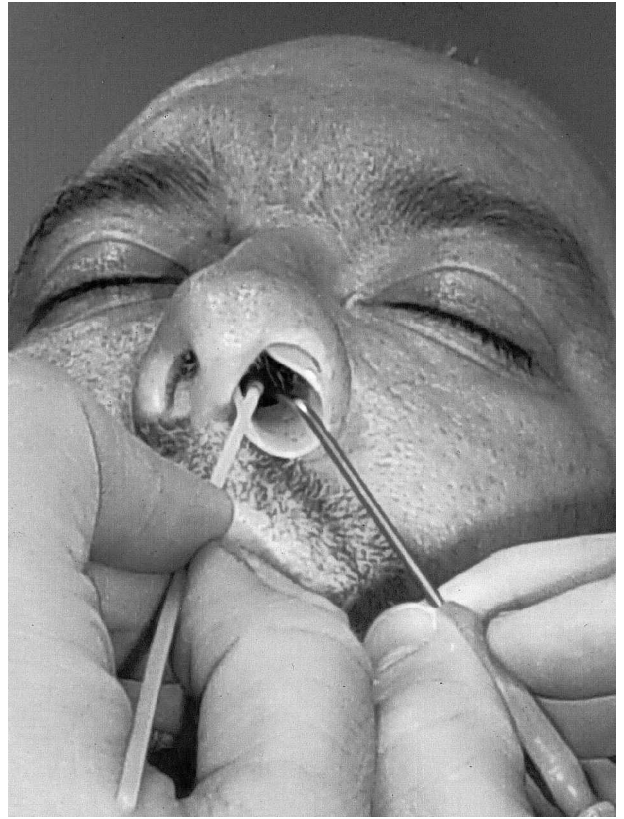


FIG. 4

Two-handed nasal instrumentation.

Method

The most proximal part of a Mallet finger splint is cut to create a U-shaped piece of stent. The distal phalangeal part is discarded. Various sizes of mallet splint are available, and therefore the size of splint used can be tailored to the individual patient. The splint is trimmed to fit into the anterior nares of the patient and the cut ends are trimmed to remove any sharp corners (Figure 2). The stent ends are approximated to facilitate entry into the anterior nares and when in position, the Silastic® memory of the splint will open the nares providing adequate visualization of the anterior vestibule and nasal septal mucosa (Figure 3). Once *in situ* the splint remains in position unaided, enabling two-handed microsuction and cautery of the bleeding point (Figure 4).

Discussion

The author has used this method for nasal cautery in more than 20 patients without complications. In busy emergency departments, especially out of hours, conventional ENT instruments are often unavailable or awaiting sterilization. The method described enables adequate examination of patients with anterior epistaxis using materials readily

available in the department without the need for specialist instrumentation. The stent can be repositioned at anytime and will hold fast in the new position. The author would recommend placement of the stent such that the U-bend fits on the lateral alar border, thereby optimizing the view, and giving unhindered 'two-handed' access to the anterior nasal septum.

This is a fast and effective alternative method of visualizing the anterior nasal mucosa in the emergency treatment of anterior epistaxis without the costs of purchase, sterilization and repackaging of Thudicum's nasal specula.

Address for correspondence:
Mr D. Bray, M.B.B.S., M.R.C.S.(Ed.),
Department of Otolaryngology,
St George's Hospital,
Blackshaw Road,
London SW17 0QT, UK.

Mr D. Bray takes responsibility for the integrity of the content of the paper.

Competing interests: None declared