Three articles were reviewed looking at acute management of epistaxis

First two articles dealt with **Floseal** a novel hemostatic sealant composed of collagen-derived particles and topical bovine-derived thrombin.

*Laryngoscope 115*:May 2005

Prospective, randomized, controlled clinical trial from an ENT group based Kaiser Permanente Oakland, Ca

Seventy consecutive patients with anterior epistaxis were randomized to nasal packing, control group, or to receive topical Floseal. If bleeding was not controlled then a crossover to the alternative treatment was allowed.

Subjective data using VAS for both patients and treating physicians was recorded. Floseal is better tolerated, more effective and safe

Objective data: Fewer Floseal patients required emergent ENT consults to obtain hemostasis, fewer rebled in first week and no floseal patients rebled at one week ENT follow up.

INR up to 4 was allowed in this study


United Kingdom observational study of 101 adult patients referred to ENT clinic after initial treatment for nosebleed at primary care office or ED.

Comparison was made between floseal and traditional management with cautery and packing.

Both anterior and posterior bleeds were included. Being an ENT clinic they performed rhinoscopy to localize bleeding site.

Conclusions: Floseal only used in 36 of patients. Successful in posterior bleeds 14% success in anterior bleeds 66%

**Weak study, not controlled and not applicable to ED**


Randomized, single center study from Iran comparing topical form of injectable **tranexamic acid** and standard nasal packing in 216 anterior epistaxis patients. Within 10 minutes 71% of patients in the TXA group had bleeding controlled compared to 31% in the standard packing group. This drug is available at MMC hospital cost 50 $ for one 1000mg vial. TRY IT