

Evidence Discussion (HD 25)

- The American Academy of Otolaryngology - Head & Neck Surgery (AAO-HNS) recommends, in its most recent 2020 Clinical Practice Guidelines on Epistaxis, that the clinician should perform, or should refer to a clinician who can perform, nasal endoscopy to identify the site of bleeding and to guide further management in patients with recurrent nasal bleeding despite prior treatment with packing or cautery, or with recurrent unilateral nasal bleeding. No recommendations for advanced imaging are outlined in this AAO-HNS Guideline without the exam findings (anterior rhinoscopy and/or nasal endoscopy) or the procedural needs of the patient, directing the need for such studies. If anterior rhinoscopy does not reveal the source of bleeding, it is recommended that the clinician perform nasal endoscopy is recommended first. or refer to a clinician who can perform nasal endoscopy, first.
- Further characterization of any mass lesions suspected on initial nasal endoscopy may be evaluated with CT Maxillofacial, either with OR without contrast (CPT® 70487 or CPT® 70486), **AND/OR** MRI Orbit, Face, and/or Neck without and with contrast (CPT® 70543)
- Because of the risks involved in embolization procedures (blindness, stroke and others), CT or MRI imaging is supported prior to any planned intervention.
- Embolization procedures have shown an average nosebleed control rate of 87%, with minor transient complications in 20% (transient nasal ischemia, temporal-facial pain or numbness, headache, swelling, jaw claudication, trismus, and access site complications not requiring additional therapy) and major complications in up to 2.1% to 3.8% (skin/nasal necrosis, permanent facial nerve paralysis, monocular blindness, and stroke).

References

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3. Tunkel DE, Anne S, Payne SC, et al. Clinical Practice Guideline: Nosebleed (Epistaxis). Otolaryngology– Head and Neck Surgery. 2020;162(1_suppl). doi:10.1177/0194599819890327
4. Strach K, Schröck A, Wilhelm K, et al. Endovascular treatment of epistaxis: indications, management, and outcome. Cardiovasc Intervent Radiol. 2011;34(6):1190-1198. doi:10.1007/s00270-011-0155-5
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