

Trauma to Nose Advice Sheet

Broken (fractured) nose

Following an injury to the nose, it is not routine to take an X- ray to check for a nasal fracture. This is because the nasal bones do not show up well on X-rays.

However if fractures to your jaw or cheek bones are suspected, X-rays may be required of other parts of your face. As part of your assessment other signs of a broken nose will be looked for, including swelling, change to the shape and wobbling/clicking of the nose.

If a fractured nose is suspected, a follow up appointment will be arranged with the Ear, Nose and Throat (ENT) department. This usually takes place at around 7 – 10 days after your injury when the swelling has reduced. At this point a decision will be made about whether you need a small operation to reset your nose. If surgery is required, it is important that it takes place within 2-3 weeks of the injury. If surgery is delayed, it may not be possible to reset your nose under a short anaesthetic and a more major procedure such as a 'nose job' may be required.

If you do not require surgery, the nose will take about 2 -3 weeks to heal.

Cuts/abrasions over the bridge of your nose

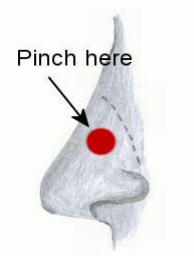
If you have had a cut over the bridge of your nose, it is important to keep the wound dry until it has fully healed. Any stitches should be removed by your GP practice nurse at around 5 – 7 days after the injury. You will need to book this appointment with your GP practice receptionist for this.

If there is a deep cut over the bridge of your nose with a suspected underlying fracture, you may require a course of antibiotics. You will have an appointment with ENT in view of the broken nose, but the stitches can be removed at your GP practise before this appointment.

Nose bleeds

Nose bleeds are common after a nasal injury.

If bleeding occurs and you are not feeling faint, sit up and lean forward, breathe through your mouth and pinch high up on the soft part of the nose with your finger and thumb tightly, **without letting go for at least 15 minutes**. Some blood may still drip from the nose – do not worry-keep on pressing. The direct pressure stops the bleeding and allows the blood to clot. If the bleeding fails to stop, you should return to the ED/MIU.



Rare complications of nasal trauma

CSF (cerebrospinal fluid) leak:

Clear watery discharge from one nostril post injury can indicate a leak of fluid (CSF) from around the brain into the nose. This will put you at risk of meningitis. You should attend an Emergency Department if you have this symptom.

Septal Haematoma (blood clot formation inside the nose):

A septal haematoma may be present if you develop blockage in your nose, particularly at the entrance to either nostrils, or a fever. You should return to ED/MIU in order to have your nose re-assessed. If left untreated, a septal haematoma may destroy the nasal structure leaving permanent deformity.

Follow up

You will be advised if an ENT follow up appointment is required following your ED/MIU consultation. If you are unable to attend your follow up appointment with ENT or feel that an appointment is no longer necessary, please contact the ENT department in order to rearrange/cancel.

If you have any concerns with regards to your head injury we will advise you to attend an Emergency Department for further assessment.

Useful contact telephone numbers:

ENT treatment room (Situated on D5W ward in the Royal Gwent Hospital): 01633 - 234018

ENT outpatient's clinic (Main Outpatients Clinic in Nevill Hall Hospital): 01873 – 732799

If you are at all concerned about your injury please contact the relevant Emergency Department (ED) / Minor Injury Unit (MIU):

Royal Gwent Hospital: 01633 234056

Nevill Hall Hospital: 01873 732073

Ysbyty Ystrad Fawr (YYF) MIU: 01443 802353 or 802349

Ysbyty Aneurin Bevan (YAB) MIU: 01495 363318

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Mae’r ddogfen hon ar gael yn Gymraeg”.**