Management of anticoagulants in patients with epistaxis

Background:
Epistaxis is a common complication resulting from anticoagulant use. National guidance on management of anticoagulants in recurrent epistaxis is limited and results in variability in practice, potentially leading to inappropriate medication cessation and subsequent cardiovascular complications. To improve patient care, we examined our local practice and clinical outcomes and worked within a multidisciplinary team (MDT) to produce up to date local guidance.

Methods:
Prospective analysis of patients on anticoagulants presenting with epistaxis over a 7 month period between March to December 2023. Data was collected on the severity of epistaxis, anticoagulants used, whether the anticoagulant was stopped, and the presence of associated cardiovascular complications 4 weeks following initial presentation.

Results:
In total, 51 patients were identified. Patients were on Warfarin (12%, 6/51), non-vitamin K antagonist anticoagulants (35%, 18/51) or antiplatelets (31%, 16/51). Indications for anticoagulation include atrial fibrillation (49%, 25/51), ischaemic heart disease (43.1%, 22/51) and deep vein thrombosis (7.8%, 4/51). Anticoagulants were withheld in 50.9% (26/51) for a mean of 2 days. Only 1.9% (1/51) of these decisions were discussed with a haematologist or cardiologist. Cardiovascular complications were documented in 1.9%.

Conclusion:
Anticoagulant management in epistaxis requires personalized decision making based on disease severity and underlying comorbidities. With the results of our audit, local guidance has been generated through a multidisciplinary team approach and a second cycle of the audit will be generated to assess improvement in patient outcomes.

Keywords: Epistaxis, treatment protocol, anticoagulant, antiplatelet, management.