



JAMES J. LEE, M.D., F.A.C.S.
JOHN Y. CHEW, M.D. F.A.C.S.

NORTHERN ORANGE COUNTY ENT MEDICAL CORP

100 E. Valencia Mesa Drive, Suite 111, Fullerton, CA 92835 Tel: 714-441-0133
520 S. Virgil Avenue, Suite 105, Los Angeles, CA 90020 Tel: 213-674-6113

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DISCHARGE INSTRUCTIONS

ELECTROCAUTERY FOR NOSEBLEEDS

The purpose of this information is to explain what to expect after having **ELECTROCAUTERY FOR NOSEBLEEDS**.

Your nosebleed was either controlled with a laser or electrocautery technique. Pain medication will wear off in about an hour after the completion of your procedure. You may take Tylenol to help control any residual pain you may experience. I strongly suggest that you do not take any blood thinning medications to include **aspirin, Aleve, Motrin, or ibuprofen**. Please consult the label on any medications you may consider taking.

You will be asked NOT to blow your nose after this procedure. Try to breathe through your nose the best you can. During the day, you should spray your nose with saline nasal spray to keep your nose moist as well as applying the antibiotic ointment (often Bacitracin), given to you after the **ELECTROCAUTERY** procedure. The Bacitracin ointment should be applied with your fingers or a Q-tip prior to going to sleep. This medication will help to keep your nose moist. Keeping your nose moist after this procedure will help to eliminate the possibility of scabs forming, drying out and pulling off, which often causes bleeding.

The typical healing process should be about two to four weeks.

During office hours, please contact our office if you experience any complications or difficulty after your procedure. If you experience profuse bleeding after normal office hours, or if you are unable to reach us right away, please purchase Afrin nasal spray from any pharmacy or drug store, please spray some of that on a cotton ball and place the cotton ball as deeply into the nostril as possible to stop the bleeding. You can replace the cotton material with a Kleenex and roll it into a small tube-like formation in place of the cotton ball. It is extremely important that you spray the cotton ball or Kleenex with Afrin prior to placing it inside the bleeding nostril. In most circumstances this will stop the bleeding within 10 to 15 minutes. The following day, please contact the office.

I understand the above information and consent to follow the instruction.

Patient or Guardian Signature

Date

Patient or Guardian Name-Printed