

EARLY REMOVAL OF MEROCEL PACKS FOR EPISTAXIS: A PILOT STUDY

SC Leong MRCSEd DO-HNS, PD Karkos AFRCSI MPhil
Department of Otolaryngology, Warrington General Hospital

Introduction

There is no recommended minimum duration before Merocel nasal packs should be removed for epistaxis. Traditionally, nasal packs are removed after one day.

Aim

The aim of this study was to compare the recurrence of epistaxis between a cohort of patients who had the Merocel pack removed after 4 hours versus a cohort of patients who had Merocel pack removed the next day.

Method

Adult patients (above 16 years old) and those on either Aspirin 75mg or Clopidogrel 75mg were included. Patients with epistaxis caused by trauma, post-nasal surgery, on warfarin, with deranged coagulation profile and those having a bleeding diathesis were excluded. Patients who continued to bleed after the first Merocel pack and required re-packing were excluded, as were those actively bleeding when reviewed by the authors. Patients fulfilling our criteria were recruited into 2 cohorts: (1) removal of Merocel after 4-hours (i.e study treatment arm) and (2) next-day removal of Merocel (i.e traditional treatment arm).

Failure of treatment was defined as recurrent epistaxis following pack removal or readmission with epistaxis within 24 hours of hospital discharge.

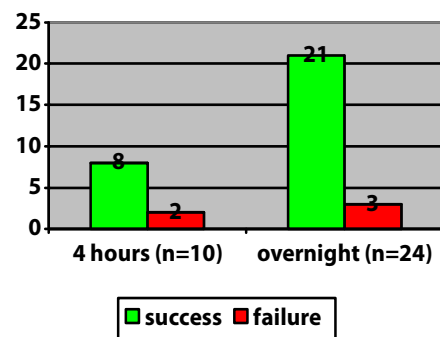
Results

In total, 34 patients (20 males, 14 females) were recruited over the 8 months study period (September 2007 to April 2008), of whom 43% were taking either Aspirin or Clopidogrel. The average age was 67 years (median 69 years, range 23 to 94 years). 24 patients were recruited into the traditional treatment arm and 10 into the study treatment arm.

The average duration in which the Merocel pack remained in the traditional treatment arm was 18 hours (median 19 hours, range 8 – 33 hours). 75% of these patients were discharged on the day of Merocel removal, whilst 15% and 10% were discharged 1 day and 2 days after Merocel pack

removal respectively. There were 3 failures of treatment: two patients requiring repacking with Merocel and one needed SPA ligation.

Of the 10 who had their Merocel packs removed after 4 hours, 6 patients were discharged on the same day of admission. Three patients were discharged the next day but none spent more than 24 hours in hospital from presentation to A&E. These patients were admitted in the early hours of the morning and fulfilled the 4 hour inclusion criteria. One patient was discharged 10 days later due to social reasons. Two patients in this cohort required repacking after Merocel removal.



When comparing the significance of the treatment arms for failure, Fisher's exact probability test was calculated as $p=0.62$ (2 tailed).

Discussion

This was an unrandomised, prospective study of a small cohort of patients. There was no difference in the failure rate between early Merocel removal compared to next-day removal. The result of this study does not advocate 4 hours as the new gold standard for Merocel pack removal in uncomplicated epistaxis. However, this pilot study challenges the dogma of leaving nasal packs in-situ for one day. The merits of early Merocel removal in uncomplicated epistaxis are obvious and include shorter hospital stay, better utilisation of hospital beds and reduced financial expenditure. In addition, discomfort to the patient is also greatly reduced.