

## AB117. SOH21AS062. Surgical intervention in epistaxis—a retrospective review from a tertiary referral centre

Lisa Marie O’Byrne, Andreea Maria Nae, Seng Guan Khoo

Department of Otorhinolaryngology Head & Neck Surgery, St Vincents University Hospital, Dublin, Ireland

**Background:** Approximately 60% of individuals will experience an episode of spontaneous epistaxis. Management strategies vary as do recurrence rates. Surgical intervention is reserved for those cases who have failed conservative measures and the main focus is arterial ligation. The appropriate timing for surgical intervention in the stepwise management of refractory epistaxis has not been well characterised. The aim of our study was to assess practice in a tertiary referral centre and the outcomes of those patients who undergo surgical intervention.

**Methods:** We performed a retrospective review of all patients attending the emergency department with epistaxis and theatre logs from January 2013 to November 2020 and performed an in depth chart review on those cases of epistaxis managed surgically.

**Results:** On average 290 patients attended the emergency department annually, with 76 requiring specialist referral per year. In total 39 (2% of all epistaxis presentations) required surgical management of their epistaxis, 30 males and 9 females. The mean age of this group was 55.6. The most common procedure performed was ligation of the sphenopalatine artery. Patients were admitted for on average

2.2 days prior to procedure and for a total of 6.8 days. Only 1 patient rebled and required embolisation.

**Conclusions:** Two per cent of all epistaxis presentations required surgery. When required, operative intervention was associated with prolonged hospital admission but a high success rate. More data on timing of invasive intervention is required through prospective analysis.

**Keywords:** Epistaxis; surgery; ENT

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### Footnote

*Conflicts of Interest:* The authors have no conflicts of interest to declare.

*Ethical Statement:* The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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