Nasal Injuries

Nasal injuries can result in damage to the skin, bone, cartilage or a combination of these. If the skin is cut, it requires cleaning. If the skin is cut, it may need to be closed. Caregivers close these cuts using either stitches (*sutures*) or skin adhesive strips. You may need an injection to prevent tetanus if your shots are not up to date (tetanus shot every 10 years).

Broken noses (*fractures*) make up nearly half of all facial fractures. Fractures to the nasal bones cause a lot of swelling. When you have a fracture to the nasal bone, it may take about 5 days for the swelling to go down enough for the bones to be checked by your caregiver. Have your caregiver check your nose to see if further treatment is required.

DIAGNOSIS

X-rays often do not help in the diagnosis of nasal fractures. The majority of nasal fractures are simple and uncomplicated fractures. X-rays are important only when more serious injuries have taken place. If this happens, you may need x-rays of the skull and face.

TREATMENT

Most of the time when the swelling has gone down, there is either no or little change in the shape of the nose. If the nose is deformed after the swelling has subsided (5-7 days after injury), straightening (*manipulation*) can be done. Even after manipulation, the deformity may not be corrected completely. Any left over deformity of the nose after manipulation may require more surgery.

COMPLICATIONS

- **Septal hematoma.** This happens when blood collecting (*hematoma*) under the lining (*mucosa*) of the central partition wall of the nose (*septum*) is stripped off of either side. This causes a purple swelling inside the nose. If this occurs, it will give you a plugged nose and pain. It will need treatment by draining the blood away. It should be drained soon after it happened. If the blood is left and not drained, it can become infected or cause damage to the underlying support. It can destroy cartilage. It can then leave the patient with a "saddle nose" deformity. Treatment is by surgical drainage. The patient usually requires a dose of medications that kill bacteria (*antibiotics*).
- **Nasal obstruction.** Nasal blockage usually occurs after the injury. It is due to swelling inside the nose. It may take a few days to get better. If the nose is still blocked after 3 weeks, it may be due to a bent (*deviated*) or buckled septum. This blocks the nasal passage. If you have a septal deviation and nasal blockage, you may require surgery to straighten this out.
- **Epistaxis.** Nosebleeds are common. They usually get better on their own and with simple first aid. Simple first aid for nosebleeds includes gently pinching the lower half of the nose for fifteen minutes. Usually caregivers do not perform nasal packing or cautery (a chemical or heat burning) unless the nosebleed does not stop on its own.

RARE COMPLICATIONS

- **Cerebrospinal fluid leak** (CSF). Severe nasal trauma (damage caused by an accident) can push the nasal bones into the face. This gives the face a pug-like appearance. The thin boney plate at the roof of the nose may fracture. This causes the cerebrospinal fluid (CSF) to leak out. Small fractures seal spontaneously with conservative care. 95% of these small fractures seal within 2 weeks. Caregivers usually do not give antibiotics unless infection is present. If CSF continues to leak, more treatment may be required.
- **Anosmia**. The smell organ in the roof of the nose can also be damaged. Loss of sense of smell very rarely returns.

SEEK MEDICAL CARE IF pain increases or you continue to have nosebleeds.

SEEK IMMEDIATE MEDICAL CARE IF:

- You have bleeding from your nose that does not stop after 20 minutes of pinching the nostrils closed and keeping ice on the nose.
- You have clear fluid draining from your nose.
- You notice swelling on the dividing wall between the nostrils (*septum*).

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