Epistaxis is a common and typically benign problem. In rare cases, however, it can be persistent, high-flowing and life threatening (1). We present the anesthetic management of a patient requiring emergent surgical intervention for a severe recalcitrant nose bleed.

**CASE REPORT**

A 27 year-old woman (94kg, 163cm) presented to the ED with an unstoppable nose bleed. Eighteen hours prior to hospital admission the patient presented to the emergency room with a complaint of an unstoppable nose bleed. Epistaxis was determined to be anterior and treatment in the ED consisted of bilateral anterior nasal packings, after which she was discharged home. She returned under 8 hours later with her packings saturated in blood and continued refractory bleed.

**PERIOPERATIVE COURSE**

**In The Operating Room**

- Standard ASA monitors applied, pulse ox continuously falling off finger due to patient movement
- Failed attempt to pre-oxygenate in supine position, unable to lay patient past 45 degrees without gagging and spitting up blood
- Patient repositioned to 90 degrees, agrees to participate in slow awake laryngoscopy
- Airway topicalization was achieved using gauze wrapped tongue depressors saturated with 4% viscous lidocaine. The patient assisted in advancing the lidocaine soaked gauze along the mucosal surfaces of her oropharynx posteriorly. She indicated any need to spit-up by raising her ring finger
- Sufficiency of pharyngeal analgesia was confirmed by the patient's ability to tolerate an oral swish and swallow any local anesthetic that seeped from the gauze
- A clear view of the vocal cords was obtained. With the Glidescope® in place, a rapid sequence induction was conducted while the patient was simultaneously lowered to supine position and cricoid pressure held. A full view of the vocal cords was maintained and the patient was successfully intubated on the first attempt.
- Surgery was completed and no other areas of bleeding were identified. An orogastric tube was placed to suction blood out of the patient's stomach. She emerged from anesthesia and was extubated without issues prior to recovering uneventfully in the PACU.

**REFERENCES**


**CONCLUSIONS**

- Several challenges were presented during this case.
- The possibility of losing the airway.
- How to ventilate and oxygenate the lung with inferior ventilation and perfusion?
- Communication with both the patient and the surgical team to formulate and execute a plan was essential to the success of the case.
- Several airway devices and a scrubbed ENT surgeon with surgical airway equipment were immediately available in the OR.
- No strong evidence for fiberscope when compared with videolaryngoscope for potential difficult airway (2,3,4).
- Awake Laryngoscopy with Glidescope better option in this case due to ease of use and improved optical view.

**IMAGES and CASE RECORD**

- Young, Obese Woman
- Anxious and intractable
- Nasal packing saturated with blood and dripping
- Pt. spitting up copious of blood into basin
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