

[54] **POSTERIOR PACK AND METHOD FOR
TREATING SEVERE EPISTAXIS**

[76] Inventor: **Adrienne A. Walker**, 6412 Nicklas
Ave., Oklahoma City, Okla. 73132

[22] Filed: **June 24, 1974**

[21] Appl. No.: **482,723**

[52] U.S. Cl. **128/325**

[51] Int. Cl. **A61b 17/12**

[58] Field of Search 128/270, 296, 325, 303.1

[56] **References Cited**

UNITED STATES PATENTS

1,732,697 10/1929 Ryan 128/270

2,141,026 12/1938 Valle 128/270 X

FOREIGN PATENTS OR APPLICATIONS

1,289,464 2/1962 France

Primary Examiner—Lawrence W. Trapp

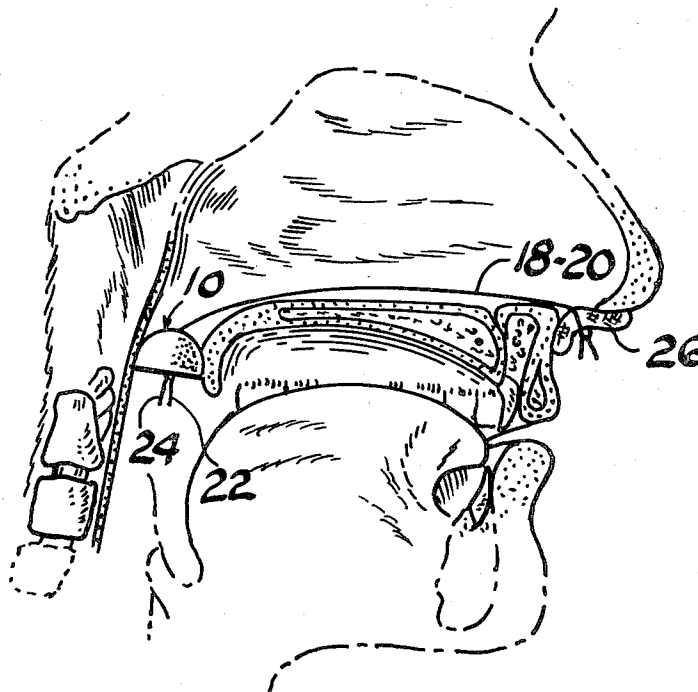
Attorney, Agent, or Firm—Robert K. Rhea

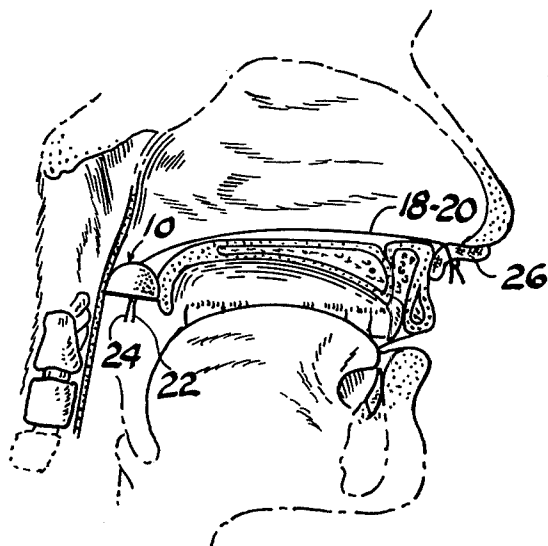
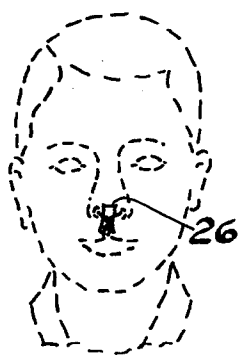
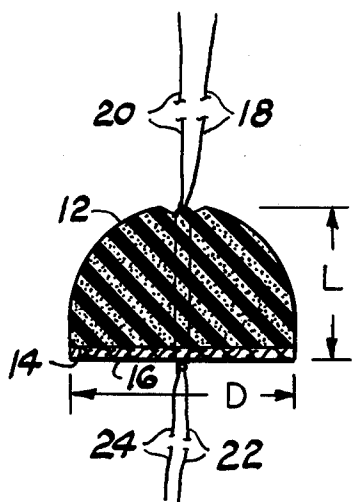
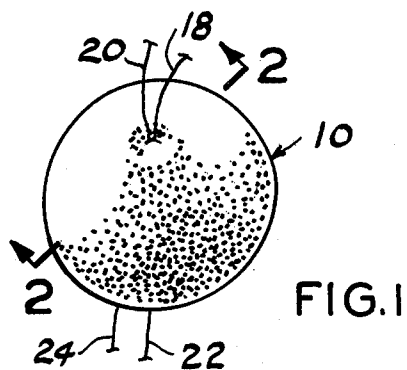
[57]

ABSTRACT

For treating severe epistaxis a substantially hemispherical-shaped pack of foam rubber is disposed posteriorly of the soft palate and maintained in place by a pair of sutures secured to the pack and tied together at their other ends anterior the nasal septum.

4 Claims, 4 Drawing Figures





POSTERIOR PACK AND METHOD FOR TREATING SEVERE EPISTAXIS

BACKGROUND OF THE INVENTION

1. Field of the Invention

The present invention relates to an article and method for treatment of severe epistaxis.

If a nasal bleeding point is located posterior and cannot be directly visualized, a posterior pack is required.

2. Description of the Prior Art

Articles for treating epistaxis as disclosed by prior patents have generally comprised inflatable tubes or spongelike members which are inserted into the nasal cavity to bear against the bleeding point or area. The usual practice is to pack the nasal cavity with gauze, however, this method of treating epistaxis has the disadvantage, particularly when the bleeding point or area is posterior, of the packing material prolapsing into the pharynx.

This invention provides a posterior pack and method for its placement posteriorly of the soft palate for occluding the choanae so that the nasal cavity can be packed tightly without prolapse of the packing into the pharynx.

SUMMARY OF THE INVENTION

A section of latex foam rubber is cut to define a substantially hemispherical-shape with a section of fabric forming a base bonded across the diametric surface of the hemispherical shape. A pair of elongated silk sutures are passed coaxially through the base in close spaced juxtaposed relation and tied together at the surface of the base and hemispherical shape, respectively. The pack is then disposed posteriorly of the soft palate with the base surface facing downwardly and is held in place by one end portion of the pair of sutures extended through the nares and tied together anterior the nasal septum.

The principal object of this invention is to provide a posterior pack and method for the treatment of severe epistaxis which eliminates the deficiencies and disadvantages of conventional posterior packing.

BRIEF DESCRIPTION OF THE DRAWINGS

FIG. 1 is a perspective view of the pack;

FIG. 2 is a vertical cross sectional view taken substantially along the line 2—2 of FIG. 1;

FIG. 3 is a view in vertical cross section through a fragment of a human head illustrating the pack in operative position; and,

FIG. 4 is a frontal view, to a different scale, pictorially illustrating the sutures when tied together over a gauze pad anterior the nasal septum.

DESCRIPTION OF THE PREFERRED EMBODIMENT

Like characters of reference designate like parts in those figures of the drawings in which they occur.

In the drawings:

The reference numeral 10 indicates the pack which is substantially hemispherical in shape defining an arcuate surface 12 and a planar diametric surface 14. The pack 10 is preferably formed by cutting a section of latex foam rubber to define the hemispherical-shape. A section of fabric, for example adhesive tape, overlies and is bonded to the diametric surface 14 to form a base 16 for the pack. Diametrically the pack is sized in

accordance with the patient to be treated. I have found that sizes ranging from 1 1/8 inches to 1 1/2 inches in diameter are satisfactory. The axial length L of the pack is preferably one-half to two-thirds its diameter D. A pair of sutures, preferably of silk to avoid decomposition and size 0 to 3, are longitudinally extended coaxially through the base 16 and hemispheric shape 12 in closely spaced juxtaposed relation and knotted together adjacent the respective surface to prevent movement of the pack relative to the sutures and to form a pair of longer end portions 18 and 20 extending beyond the surface 12 and a pair of shorter end portions 22 and 24 extending beyond the base 16. A preferred length of the longer end portions 18 and 20 is approximately 14 inches while the shorter end portions 22 and 24 are approximately 8 inches for the purposes presently apparent.

The method of placement of the pack 10 is as follows:

The mucous membranes of the nose, nasopharynx and pharynx are anesthetized with topical tetracaine or alternatively the patient is usually given sedation to alleviate discomfort. A small rubber catheter is inserted through the nose into the pharynx. The catheter is grasped with bayonet forceps and brought out through the mouth. The longer end portions 18 and 20 of the sutures are tied to the end of the catheter projecting through the mouth. The pack 10 is then pulled into place by removing the catheter from the nose while simultaneously guiding the pack 10 posterior to the soft palate with the index finger. During this operation care must be exercised to avoid laceration of the soft palate with the suture. The pack is positioned to occlude the choanae and its selected size is such that it does not interfere with the patient's respiration or swallowing.

The nasal cavity is then sufficiently filled with packing to produce firm pressure throughout the posterior nasal cavity to avoid leaving space for blood clots to form. A relatively small gauze pad 26 is then placed anterior the nasal septum and the suture end portions 18 and 20 tied together over the pad 26 to maintain the position of the pack 10. The shorter ends 22 and 24 of the sutures are cut off approximately two centimeters below the soft palate to serve as a means for removal of the pack 10.

Obviously the invention is susceptible to changes or alterations without defeating its practicability, therefore, I do not wish to be confined to the preferred embodiment shown in the drawings and described herein.

I claim:

1. A posterior pack for treatment of severe epistaxis, comprising:

a resilient body adapted to occlude the choanae of a patient; and,

a pair of sutures secured, at one end portion, respectively, to said body and projecting, at their other end portions, through the nasal passages of the patient,

whereby the end portions of said sutures projecting beyond the nasal septum are tied together for maintaining said body in choanae occluded position.

2. The posterior pack according to claim 1 in which said body is hemispherical-shaped and having its part-spherical surface disposed toward the nasal cavity of the patient, and further including:

3

4

a base comprising a disc of fabric material bonded to the surface of said body opposite its part-spherical surface.
3. The posterior pack according to claim 2 in which said one end portion of said pair of sutures extend dia-

metrically through said body and said base.
4. The posterior pack according to claim 3 in which said body is formed from foam rubber and said pair of sutures comprise silk strands.
* * * * *

10

15

20

25

30

35

40

45

50

55

60

65