First aid

Severe bleeding: First aid

Print

Basics

Products and services

By Mayo Clinic Staff

Overview

Severe bleeding can be caused by gashes, cuts, tears and other injuries. A person with uncontrolled bleeding can die within five minutes, so it's important to quickly stop blood loss.

When to seek emergency help

Call 911 or your local emergency number if the wound is deep or you're not sure how serious it is. Don't move the injured person except if needed to avoid further injury.

Treatment

For severe bleeding, take these first-aid steps.

- Before checking for the source of the wound, put on disposable gloves and other personal protective equipment if you have them.
- **Remove any clothing or debris from the wound.** Look for the source of the bleeding. There could be more than one injury. Remove any obvious debris but don't try to clean the wound.
- **Stop the bleeding.** Cover the wound with sterile gauze or a clean cloth. Press on it firmly with the palm of your hand until bleeding stops.

  Wrap the wound with a thick bandage or clean cloth and tape. Lift the wound above heart level if possible.

- **Help the injured person lie down.** If possible, place the person on a rug or blanket to prevent loss of body heat. Elevate the feet if you notice signs of shock, such as weakness, clammy skin or a rapid pulse. Calmly reassure the injured person.
- **Add more bandages as needed.** If the blood seeps through the bandage, add more gauze or cloth on top of the existing

bandage. Then keep pressing firmly on the area.

- **Tourniquets:** A tourniquet is effective in controlling life-threatening bleeding from a limb. If needed, apply a commercially made tourniquet if it's available and you're trained in how to use it.

  When emergency help arrives, tell them how long the tourniquet has been in place.

- **Keep the person still.** If you're waiting for emergency help to arrive, try to keep the injured person from moving.

  If you haven't called for emergency help, get the injured person to an emergency room as soon as possible.

- **Wash your hands.** After helping the injured person, wash your hands, even if it doesn't look like any blood got on your hands.

What to avoid

- Don't remove large or deeply embedded objects.
- Don't probe the wound.
- Don't press on an eye injury or embedded object.
- Don't press on a head wound if you suspect a skull fracture.
- Don't use an improvised tourniquet, such as a scarf or a belt.

May 01, 2024

Show references

First aid

Print

Nosebleeds: First aid

Basics Resources

Products and services

By Mayo Clinic Staff

Overview

Nosebleeds, also called epistaxis (ep-ih-STAK-sis), are common. They happen when the tender blood vessels in the nose break. Common nosebleed causes can include changes of season, dryness, scratching, some medicines and injuries. People on blood thinners may have worse nosebleeds than do others. Most often nosebleeds are only annoying and not a true medical problem. But they can be both.

When to seek emergency help

Seek emergency help if:

- Nosebleeds involve a greater than expected amount of blood.
- Nosebleeds last longer than 30 minutes.
- You feel faint or lightheaded.
- The nosebleed follows a fall or an accident. Bleeding after a fall or an injury to the head or face could mean that you have broken the nose.

Treatment

Follow these steps to treat a common nosebleed.

- **Sit up and lean forward.** Keep the head up. Lean forward so the blood doesn't go down the throat. This could cause you to choke or have an upset stomach.
- **Gently blow your nose.** This will clear any blood clots.
- **Pinch the nose.** Use the thumb and a finger to pinch both nostrils shut. Breathe through the mouth. Keep pinching for 10 to 15 minutes. Pinching puts pressure on the blood vessels and helps stop the blood flow.

  If the bleeding doesn't stop, pinch the nose again for up to 15 minutes. Don't let go for at least five minutes even to check if

the bleeding has stopped. Seek emergency care if the bleeding doesn't stop after the second try.

- **Prevent another nosebleed.** Don't pick or blow the nose. And don't drop the head below the heart or lift anything heavy for many hours. Gently put a saline gel (Ayr), antibiotic ointment (Neosporin) or petroleum jelly (Vaseline) on the inside of the nose. Put most of the salve on the middle part of the nose, also called the septum. Steam, humidifiers or an ice pack across the bridge of the nose also may help.
- **If you have another nosebleed, try first-aid steps again.** This time, spray both sides of the nose with a nasal spray that has oxymetazoline in it (Afrin). Do this after blowing the nose. Then pinch the nose again. Seek medical help if the bleeding does not stop.

When to contact your doctor

Call a member of your care team if:

- **You have nosebleeds often.** You may need to have a blood vessel cauterized. Cautery is a method that burns and seals blood vessels using electric current, silver nitrate or a laser. Also, a care provider might pack the nose with special gauze or an inflatable latex balloon. Both packing methods put pressure on the blood vessel and stop the bleeding.
- **You have nosebleeds and you're taking blood thinners.** If you're taking medicines such as aspirin or warfarin (Jantoven), your care team may change the medicine dose.

Prevention

Think about using a humidifier. Adding more moisture in your home may help relieve nasal bleeding.

May 25, 2024

Share Tweet

Show references

Products and Services

A Book: Mayo Clinic Guide to Home Remedies

First aid Nosebleeds: First aid Basics ART-20056683

Refer a Patient

Businesses

Executive Health Program

International Business Collaborations

Facilities & Real Estate

Supplier Information

Follow Mayo Clinic

Get the Mayo Clinic app

GET IT ON Google Play

Download on the App Store

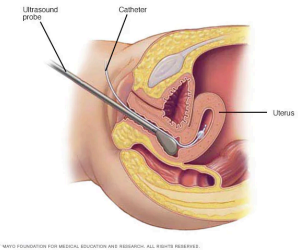
Terms & Conditions Privacy Policy Notice of Privacy Practices Accessibility Statement
Advertising & Sponsorship Policy Site Map

Language: English

Feedback

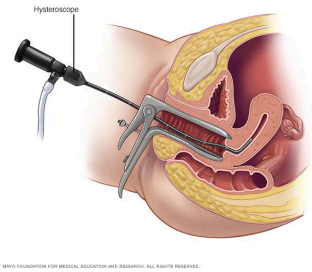
Heavy menstrual bleeding

Diagnosis



Hysterosonography

Enlarge image



Hysteroscopy

Enlarge image

A member of your health care team will likely ask about your medical history and menstrual cycles. You may be asked to keep a diary to track days with and without bleeding. Record information such as how heavy your flow was and how many sanitary pads or tampons you needed to control it.

After doing a physical exam, your doctor or other member of your care team may recommend certain tests or procedures. They may include:

- **Blood tests.** A sample of your blood may be tested for iron deficiency anemia. The sample also may be tested for other conditions, such as thyroid disorders or blood-clotting problems.
- **Pap test.** In this test, cells from your cervix are collected. They are tested for inflammation or changes that may be precancerous, which means they could lead to cancer. Cells also are tested for human papilloma virus in women ages 25 to 30 and older.
- **Endometrial biopsy.** Your doctor may take a tissue sample from the inside of your uterus. A pathologist will look for signs of cancer or precancer of the uterus.
- **Ultrasound.** This imaging method uses sound waves to create pictures of your uterus, ovaries and pelvis.

Results of these initial tests may lead to more testing, including:

- **Sonohysterography.** During this test, a fluid is injected through a tube into your uterus by way of your vagina and cervix. Your doctor then uses ultrasound to look for problems in the lining of your uterus.
- **Hysteroscopy.** A thin, lighted instrument is inserted through your vagina and cervix into your uterus. This allows your doctor to see the inside of your uterus.

Your doctor can make a diagnosis of heavy menstrual bleeding or abnormal uterine bleeding only after it's known that something else isn't causing your condition. These causes may include menstrual disorders, medical conditions or medicines.

More Information

Pap smear

Treatment

Treatment for heavy menstrual bleeding is based on a number of factors. These include:

- Your overall health and medical history.
- The cause of the condition and how serious it is.
- How well you tolerate certain medicines or procedures.
- The chance that your periods will soon become less heavy.
- Your plans to have children.
- How the condition affects your lifestyle.
- Your opinion or personal choices.

Medicines

Medicines for heavy menstrual bleeding may include:

- **Nonsteroidal anti-inflammatory drugs, also called NSAIDs.** NSAIDs, such as ibuprofen (Advil, Motrin IB, others) or naproxen sodium (Aleve), help reduce menstrual blood loss. NSAIDs may also make menstrual cramps less painful.
- **Tranexamic acid.** Tranexamic acid (Lysteda) helps reduce menstrual blood loss. This medicine only needs to be taken at the time of bleeding.
- **Oral contraceptives.** Aside from birth control, oral contraceptives can help regulate menstrual cycles and ease menstrual bleeding that is heavy or lasts a long time.
- **Oral progesterone.** The natural hormone progesterone can help fix hormone imbalance and reduce heavy menstrual bleeding. The synthetic

form of progesterone is called progestin.

- **Hormonal IUD (Mirena, Liletta, others).** This intrauterine device releases a type of progestin called levonorgestrel. It makes the uterine lining thin and reduces menstrual blood flow and cramping.
- **Other medicines.** Gonadotropin-releasing hormone agonists and antagonists are also called GnRH medicines. They help control heavy uterine bleeding. Relugolix combined with an estrogen and progestin (Myfembree) may help control bleeding caused by fibroids. Elagolix with an estrogen and progestin (Oriahnn) is used to treat fibroid-related bleeding. Elagolix alone (Orilissa) may help control bleeding caused by endometriosis.

If you have heavy menstrual bleeding from taking hormone medicine, you may need to stop or change your medicine.

If you have anemia due to heavy menstrual bleeding, you may need to take iron supplements. If your iron levels are low but you're not yet anemic, you may be started on iron supplements instead of waiting until you become anemic.

Procedures

You may need surgery for heavy menstrual bleeding if medicines do not help. Treatment options include:

- **Dilation and curettage, also called a D&C.** In this procedure, your doctor opens your cervix. This also is called dilating the cervix. The doctor then scrapes or suctions tissue from the lining of your uterus. This also is known as curettage. You may have a D&C to find the source of abnormal uterine bleeding. Causes of bleeding may include polyps, fibroids or cancer of the uterus. If you've had a miscarriage, you may need a D&C to completely empty the uterus. Hysteroscopy is often used with D&C to help doctors find the source of bleeding in the uterus.
- **Uterine artery embolization.** The goal of this procedure is to block blood flow to uterine fibroids. Blocking blood flow to fibroids helps to shrink the

During the procedure, the surgeon passes a catheter through the large artery in the thigh. This also is known as the femoral artery. The surgeon guides the catheter to the blood vessels in the uterus and injects tiny beads or sponges to reduce blood flow to the fibroid.

- **Focused ultrasound.** This procedure shrinks fibroids by targeting and destroying fibroids through ultrasound waves and radiofrequency energy. It needs no incisions.
- **Myomectomy.** This is the surgical removal of uterine fibroids. Depending on the size, number and location of the fibroids, your surgeon may perform the myomectomy through several small incisions in the abdomen. This is known also as the laparoscopic approach. Or the surgeon may put a thin, flexible tube into the vagina and cervix to see and remove fibroids or polyps inside the uterus. This also is called the hysteroscopic approach.
- **Endometrial ablation.** This procedure involves destroying the lining of the uterus. The process of destroying tissue also is known as ablation. The surgeon uses a laser, radio waves or heat applied to the lining of the uterus to destroy the tissue.

  After endometrial ablation, you may have much lighter periods. Pregnancy after endometrial ablation isn't likely but is possible and could be dangerous. Using reliable or permanent birth control until menopause is recommended.
- **Endometrial resection.** The surgeon uses an electrosurgical wire loop to remove the lining of the uterus. Pregnancy isn't recommended after this procedure.
- **Hysterectomy.** In this procedure, the uterus and cervix are removed. It ends menstrual periods and the ability to get pregnant. Hysterectomy is performed under anesthesia and may require a short hospital stay. Early menopause may occur if the ovaries are removed. The procedure to remove both ovaries is called bilateral oophorectomy.

Many of these surgical procedures are done on an outpatient basis. You may need a general anesthetic but it's likely that you can go home on the same day.

With an abdominal myomectomy or a hysterectomy, you may need a brief hospital stay.

Sometimes heavy menstrual bleeding is a sign of another condition, such as thyroid disease. In those cases, treating the condition usually results in lighter periods.

More Information

Heavy periods: Can folic acid help?

Ablation therapy

Dilation and curettage (D&C)

Show more related information

Request an appointment

From Mayo Clinic to your inbox

Sign up for free and stay up to date on research advancements, health tips, current health topics, and expertise on managing health. Click here for an email preview.

Enter your email

Learn more about Mayo Clinic's use of data.

Subscribe!

Preparing for your appointment

You may start by seeing your primary care doctor or other health care professional. Or you may be referred immediately to a specialist called an obstetrician/gynecologist.

Here's some information to help you get ready for your appointment.

What you can do

When you make the appointment, ask if there's anything you need to do in advance, such as fasting before having a specific test. Make a list of:

- **Your symptoms,** including any that seem unrelated to the reason for your appointment.
- **Key personal information,** including major stresses, recent life changes and family medical history.
- **All medications, vitamins or supplements** you take, including the doses.
- **Questions to ask** your doctor.

Take a family member or friend along, if possible, to help you remember the information you're given.

For heavy menstrual bleeding, some basic questions to ask your care team include:

- What's likely causing my symptoms?
- Other than the most likely cause, what are other possible causes for my symptoms?
- What tests do I need?
- Is my condition likely temporary or will it be ongoing?

- What are my treatment options?
- I have these other health conditions. How can I best manage them together?
- Should I see a specialist?
- Are there brochures or other printed material I can have? What websites do you recommend?

Don't hesitate to ask any other questions as they occur to you during your appointment.

What to expect from your doctor

You may be asked certain questions during your appointment, such as:

- When did your symptoms begin?
- Have your symptoms been continuous or occasional?
- How severe are your symptoms?
- What, if anything, seems to improve your symptoms?
- What, if anything, seems to worsen your symptoms?

What you can do in the meantime

Avoid doing anything that seems to worsen your symptoms.

By Mayo Clinic Staff

Aug. 30, 2023

Related

Blood clots during menstruation: A concern?

Heavy periods: Can folic acid help?

Associated Procedures

Ablation therapy

Dilation and curettage (D&C)

Endometrial ablation

Show more associated procedures

Products & Services

A Book: Mayo Clinic Family Health Book

Show more products and services from Mayo Clinic

CON-20305552

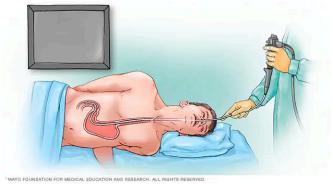
Patient Care & Health Information

Diseases & Conditions

Heavy menstrual bleeding

Gastrointestinal bleeding

Diagnosis



Upper endoscopy

Enlarge image

To find the cause of gastrointestinal bleeding, a health care professional will first take your medical history, including a history of previous bleeding, and do a physical exam. Tests also may be ordered, such as:

- **Blood tests.** You may need a complete blood count, a test to see how fast your blood clots, a platelet count and liver function tests.
- **Stool tests.** Analyzing your stool can help determine the cause of occult bleeding.
- **Nasogastric lavage.** A tube is passed through your nose into the stomach to remove stomach contents. This might help find the source of the bleeding.

- **Upper endoscopy.** An upper endoscopy is a procedure that uses a camera to view the upper digestive system. The camera is attached to a long, thin tube, called an endoscope, and passed down the throat to examine the upper gastrointestinal tract.
- **Colonoscopy.** During a colonoscopy, a long, flexible tube is inserted into the rectum. A tiny video camera at the tip of the tube allows the doctor to view the inside of the entire large intestine and rectum.
- **Capsule endoscopy.** In this procedure, you swallow a vitamin-size capsule with a tiny camera inside. The capsule travels through your digestive tract taking thousands of pictures that are sent to a recorder you wear on a belt around your waist.
- **Flexible sigmoidoscopy.** A tube with a light and camera is placed in the rectum to look at the rectum and the last part of the large intestine, known as the sigmoid colon.
- **Balloon-assisted enteroscopy.** A specialized scope inspects parts of the small intestine that other tests using an endoscope can't reach. Sometimes, the source of bleeding can be controlled or treated during this test.
- **Angiography.** A contrast dye is injected into an artery, and a series of X-rays are taken to look for and treat bleeding vessels or other issues.
- **Imaging tests.** A variety of other imaging tests, such as a CT scan of the belly, might be used to find the source of the bleed.

If your GI bleeding is severe, and noninvasive tests can't find the source, you might need surgery so that doctors can view the entire small intestine. Fortunately, this is rare.

Treatment

GI bleeding often stops on its own. If it doesn't, treatment depends on where the bleed is from. In many cases, bleeding can be treated with medicine or a procedure during a test. For example, it's sometimes possible to treat a bleeding peptic ulcer during an upper endoscopy or to remove polyps during a colonoscopy.

If you have an upper GI bleed, you will be given an IV drug known as a proton pump inhibitor (PPI) to suppress stomach acid production. Once the source of the bleeding is identified, your doctor will determine whether you need to continue taking a PPI.

Depending on the amount of blood loss and whether you continue to bleed, you might need fluids through a needle (IV) and, possibly, blood transfusions. If you take blood-thinning medicines, including aspirin or nonsteroidal anti-inflammatory medications, you might need to stop.

Clinical trials

Explore Mayo Clinic studies testing new treatments, interventions and tests as a means to prevent, detect, treat or manage this condition.

Preparing for your appointment

If your bleeding is not severe, you might start by seeing your doctor or other general health care professional. Or you might be referred immediately to a specialist in gastrointestinal disorders, called a gastroenterologist.

Here's some information to help you get ready for your appointment.

What you can do

When you make the appointment, ask if there's anything you need to do in advance, such as fasting before a specific test. Make a list of:

- **Your symptoms,** including any that seem unrelated to the reason for your appointment and when they began.
- **All medicines, vitamins or other supplements you take,** including doses.
- **History of digestive disease you've been diagnosed with,** such as GERD, peptic ulcers or IBD.
- **Questions to ask** during your appointment.

Take a family member or friend along, if possible, to help you remember the information you're given.

For gastrointestinal bleeding, basic questions to ask include:

- I'm not seeing blood, so why do you suspect a GI bleed?
- What's likely causing my symptoms?
- Other than the most likely cause, what are other possible causes for my symptoms?
- What tests do I need?
- Is my condition likely temporary or chronic?
- What's the best course of action?
- What are the alternatives to the primary approach you're suggesting?
- I have other health conditions. How can I best manage them while my bleeding is treated?
- Are there restrictions I need to follow?

- Should I see a specialist?
- Are there brochures or other printed material I can have? What websites do you recommend?

Don't hesitate to ask other questions.

What to expect from your doctor

You'll likely be asked a few questions, such as:

- Have your symptoms been constant? Or do they come and go?
- How severe are your symptoms?
- What, if anything, seems to improve your symptoms?
- What, if anything, appears to worsen your symptoms?
- Do you take nonsteroidal anti-inflammatory medicine, either nonprescription or prescribed, or do you take aspirin?
- Do you drink alcohol?

By Mayo Clinic Staff

Gastrointestinal bleeding care at Mayo Clinic

Request an appointment

Symptoms & causes

Oct. 13, 2023

Print

Show references

Related

Products & Services

A Book: Mayo Clinic Family Health Book

Show more products and services from Mayo Clinic

CON-20372719

Patient Care & Health Information

Diseases & Conditions

Gastrointestinal bleeding

Find a doctor

Explore careers

Sign up for free e-newsletters

About Mayo Clinic

About this Site

Contact Us

Locations

Health Information Policy

Medicare Accountable Care Organization (ACO)

Media Requests

News Network

Price Transparency

Medical Professionals

AskMayoExpert

Clinical Trials

Mayo Clinic Alumni Association

Refer a Patient

Businesses

Executive Health Program

International Business Collaborations

Students

Degree Programs

Admissions Requirements

Student & Faculty Portal

Researchers

Research Faculty

Laboratories

International Patients

Appointments

Financial Services

International Locations & Offices

Charitable Care & Financial Assistance

Community Health Needs Assessment

Financial Assistance Documents – Arizona

Financial Assistance Documents – Florida

Financial Assistance Documents – Minnesota

Facilities & Real Estate

Supplier Information

Follow Mayo Clinic

Get the Mayo Clinic app

Language: English

Feedback

Hemophilia

Diagnosis

Severe cases of hemophilia usually are diagnosed within the first year of life. Mild forms might not be apparent until adulthood. Some people learn they have hemophilia after they bleed excessively during a surgical procedure.

Clotting-factor tests can reveal a clotting-factor deficiency and determine how severe the hemophilia is.

For people with a family history of hemophilia, genetic testing might be used to identify carriers to make informed decisions about becoming pregnant.

It's also possible to determine during pregnancy if the fetus is affected by hemophilia. However, the testing poses some risks to the fetus. Discuss the benefits and risks of testing with your doctor.

Care at Mayo Clinic

Our caring team of Mayo Clinic experts can help you with your hemophilia-related health concerns

Treatment

The main treatment for severe hemophilia involves replacing the clotting factor you need through a tube in a vein.

This replacement therapy can be given to treat a bleeding episode in progress. It can also be given on a regular schedule at home to help prevent bleeding episodes. Some people receive continuous replacement therapy.

Replacement clotting factor can be made from donated blood. Similar products, called recombinant clotting factors, are made in a laboratory, not from human blood.

Other therapies include:

- **Desmopressin.** In some forms of mild hemophilia, this hormone can stimulate the body to release more clotting factor. It can be injected slowly into a vein or used as a nasal spray.
- **Emicizumab (Hemlibra).** This is a newer drug that doesn't include clotting factors. This drug can help prevent bleeding episodes in people with hemophilia A.
- **Clot-preserving medications.** Also known as anti-fibrinolytics, these medications help prevent clots from breaking down.
- **Fibrin sealants.** These can be applied directly to wound sites to promote clotting and healing. Fibrin sealants are especially useful for dental work.
- **Physical therapy.** It can ease signs and symptoms if internal bleeding has damaged your joints. Severe damage might require surgery.
- **First aid for minor cuts.** Using pressure and a bandage will generally take care of the bleeding. For small areas of bleeding beneath the skin, use an ic

pack. Ice pops can be used to slow down minor bleeding in the mouth.

More Information

Hemophilia care at Mayo Clinic

Blood transfusion

Gene therapy

Request an appointment

Clinical trials

Explore Mayo Clinic studies testing new treatments, interventions and tests as a means to prevent, detect, treat or manage this condition.

Lifestyle and home remedies

To avoid excessive bleeding and protect your joints:

- **Exercise regularly.** Activities such as swimming, bicycle riding and walking can build muscles while protecting joints. Contact sports — such as football, hockey or wrestling — are not safe for people with hemophilia.
- **Avoid certain pain medications.** Drugs that can make bleeding worse include aspirin and ibuprofen (Advil, Motrin IB, others). Instead, use acetaminophen (Tylenol, others), which is a safer alternative for mild pain relief.
- **Avoid blood-thinning medications.** Medications that prevent blood from clotting include heparin, warfarin (Jantoven), clopidogrel (Plavix), prasugrel

(Effient), ticagrelor (Brilinta), rivaroxaban (Xarelto), apixaban (Eliquis), edoxaban (Savaysa) and dabigatran (Pradaxa).

- **Practice good dental hygiene.** The goal is to prevent tooth and gum disease, which can lead to excessive bleeding.
- **Get vaccinations.** People with hemophilia should receive recommended vaccinations at the appropriate ages, as well as hepatitis A and B. Requesting use of the smallest gauge needle and having pressure or ice applied for 3 to 5 minutes after the injection can reduce the risk of bleeding.
- **Protect your child from injuries that could cause bleeding.** Kneepads, elbow pads, helmets and safety belts all help prevent injuries from falls and other accidents. Keep your home free of furniture with sharp corners.

Coping and support

To help you and your child cope with hemophilia:

- **Get a medical alert bracelet.** This lets medical personnel know that you or your child has hemophilia, and the type of clotting factor that's best in case of an emergency.
- **Talk with a counselor.** Striking the right balance between keeping your child safe and encouraging as much activity as possible can be tricky. A social worker or therapist with knowledge of hemophilia can help identify the least amount of limitations your child needs.
- **Let people know.** Be sure to tell anyone who will be taking care of your child — babysitters, child care workers, relatives, friends and teachers — about your child's condition. If your child plays noncontact sports, be sure to tell coaches, too.

Preparing for your appointment

If you or your child has signs or symptoms of hemophilia, you might be referred to a doctor who specializes in blood disorders (hematologist).

What you can do

Make a list of:

- Symptoms and when they began
- Key medical information, including other conditions, and a family history of bleeding disorders
- All medications, vitamins and supplements, including doses

Questions to ask your doctor

- What's the most likely cause of these signs and symptoms?
- What tests are needed? Do they require special preparation?
- What treatment do you recommend?
- What activity restrictions are recommended?
- What is the risk of long-term complications?
- Do you recommend that our family meet with a genetic counselor?

Don't hesitate to ask other questions, as well.

What to expect from your doctor

Your doctor is likely to ask you a number of questions, including:

- Have you noticed any unusual or heavy bleeding, such as nosebleeds or prolonged bleeding from a cut or vaccination?
- If you or your child has had surgery, did the surgeon mention excessive bleeding?

- Are you or your child prone to developing large, deep bruises?
- Do you or your child have pain or warmth around joints?

By Mayo Clinic Staff

Hemophilia care at Mayo Clinic

Request an appointment

Symptoms & causes

Doctors & departments

Aug. 29, 2023

Print

Show references

Related

Feedback

Associated Procedures

Blood transfusion

Gene therapy

Products & Services

A Book: Mayo Clinic Family Health Book

Show more products and services from Mayo Clinic

CON-20373306

Patient Care & Health Information

Diseases & Conditions

Hemophilia

About Mayo Clinic

About this Site

Contact Us

Locations

Health Information Policy

Medicare Accountable Care Organization (ACO)

Media Requests

News Network

Price Transparency

Medical Professionals

AskMayoExpert

Clinical Trials

Mayo Clinic Alumni Association

Refer a Patient

Businesses

Executive Health Program

International Business Collaborations

Facilities & Real Estate

Supplier Information

International Patients

Appointments

Financial Services

International Locations & Offices

Charitable Care & Financial Assistance

Community Health Needs Assessment

Financial Assistance Documents – Arizona

Financial Assistance Documents – Florida

Financial Assistance Documents – Minnesota

Follow Mayo Clinic

Get the Mayo Clinic app

GET IT ON Google Play

Download on the App Store

Language: English

Feedback