TEST

Bleeding time

Bleeding time measures how long a small, standardized skin cut takes to stop bleeding.

WHAT IT MEASURES
Time until bleeding stops after a standardized skin cut

SAMPLE
Blood from a small forearm skin cut

FASTING NEEDED?
No

HOW LONG IT TAKES
About 15 to 30 minutes

RESULTS IN
Usually immediate; reporting time varies by laboratory

USED FOR
Rarely, evaluating suspected platelet-related bleeding

MAIN LIMITATION
Poor reproducibility and weak prediction of surgical bleeding

Overview

Bleeding time is an older test that measures how long a small, controlled skin cut takes to stop bleeding. A healthcare professional times the bleeding while gently blotting blood from the area.

The test mainly reflects how well platelets and small blood vessels work together. Platelets are blood cells that gather at an injury and form an early plug. Proteins in the blood then strengthen that plug into a clot.

Bleeding time is now rarely used. The result can change with the person performing the test, the depth and location of the cut, medicines, platelet count, and other factors. It also does not reliably predict whether someone will bleed excessively during surgery.

Blood counts, clotting tests, tests for von Willebrand disease, and specialized platelet function tests have largely replaced it. However, it may still be available in some settings.

Why the test is ordered

A bleeding time test may occasionally be used to investigate bleeding that could involve platelets or small blood vessels. Examples include frequent nosebleeds, unusual bruising, heavy menstrual bleeding, or bleeding that lasts longer than expected after dental work.

It was once commonly ordered before surgery. Evidence showed that it does not accurately predict surgical bleeding in people without a concerning bleeding history, so routine preoperative use is no longer supported.

A clinician investigating unexplained bleeding will usually begin with your medical and family history. Tests may include:

Bleeding time cannot identify the exact cause of an abnormal result.

- A complete blood count to measure platelets and red blood cells
- PT or INR and aPTT to assess parts of the clotting system
- Tests for von Willebrand factor, a protein that helps platelets stick
- Specialized tests of platelet function when needed

Who should have the test

Most people being assessed for bleeding do not need a bleeding time test. It is not a general screening test and should not be used alone to decide whether surgery is safe.

It may still be considered in a limited setting where a clinician is evaluating possible platelet-related bleeding and more reliable tests are unavailable. The decision should take account of your symptoms, medicines, platelet count, previous procedures, and family history.

Tell the healthcare professional if you or a close relative has had prolonged bleeding after surgery, childbirth, dental treatment, or an injury. A detailed bleeding history is often more useful than this test.

How to prepare

You do not usually need to fast. You can generally eat and drink as normal unless you are having other tests at the same appointment.

Tell the testing team about all medicines and supplements you take. Aspirin, anti-inflammatory pain medicines such as ibuprofen or naproxen, antiplatelet medicines, and some other drugs can prolong bleeding time.

Do not stop prescribed medicine unless the clinician responsible for it tells you to. Stopping

aspirin or another antiplatelet medicine without advice can be unsafe for some people.

Wear clothing that allows easy access to your forearm. Let the tester know about skin infection, a rash, scarring, or a recent injury at the planned test site.

What happens during the test

The exact method differs between facilities. In a standardized method, a blood pressure cuff may be placed around your upper arm and inflated to a set pressure. This helps control pressure in the small blood vessels.

The skin of your forearm is cleaned. A sterile device makes one or more small, shallow cuts of a controlled size. The tester starts a timer and touches filter paper near the blood at regular intervals. The paper should not touch the cut itself because that could disturb the forming platelet plug.

The timer stops when the paper no longer collects blood. Pressure and a dressing are then applied.

The cutting and timing usually take several minutes. Allow about 15 to 30 minutes for the whole appointment, including preparation and dressing the area.

Understanding your results

The result is reported as the number of minutes until bleeding stops. The laboratory should provide the interval it uses for the specific technique.

Reference ranges and interpretation vary by laboratory, method, age, sex, pregnancy status, medicines, and clinical context. For that reason, a number should not be compared with a range found online or from a laboratory using a different method.

A longer bleeding time can occur when there are too few platelets or when platelets do not work normally. It may also occur with von Willebrand disease, severe anemia, advanced kidney dysfunction, certain medicines, or some blood vessel and connective tissue disorders.

An abnormal result does not show which of these is responsible. A normal result does not rule out a mild platelet disorder or von Willebrand disease. An unusually short result usually has little clinical meaning and may reflect technique.

What affects the results

Bleeding time is particularly sensitive to factors unrelated to a new medical problem. These can make the result difficult to interpret even when the equipment is working correctly.

Important influences include:

Age and sex may also influence results through differences in skin, blood counts, medicines, and underlying conditions. Recent exercise is not considered a major direct influence, but activity that raises blood pressure or injures the test area could affect local bleeding.

- Aspirin, ibuprofen, naproxen, and prescribed antiplatelet medicines
- A low platelet count or platelets affected by illness
- Reduced kidney function, which can interfere with platelet activity
- Anemia, especially when the red blood cell level is markedly low
- Pregnancy-related changes in platelet count and clotting proteins
- A recent platelet or blood transfusion
- Skin thickness, scars, temperature, and the forearm site used
- Cut depth, blood pressure cuff pressure, and blotting technique
- The skill and timing of the person performing the procedure

Accuracy and limitations

The main limitation is poor reproducibility. The same person can receive different results on different days, and different testers may obtain different results from the same person.

The test can say bleeding is prolonged when there is no important bleeding disorder. Medicines, anemia, kidney dysfunction, skin features, or small differences in technique may cause this.

It can also miss a disorder. Some people with mild von Willebrand disease or an inherited platelet problem have a result within the laboratory's expected interval.

Bleeding time does not measure all parts of clot formation. It is not a substitute for a platelet count, PT or INR, aPTT, von Willebrand factor testing, or specialized platelet aggregation studies. It also performs poorly as a way to predict bleeding during an operation.

For these reasons, the result must be interpreted alongside your bleeding history and other test results.

Risks and complications

The test causes a small skin wound. Brief pain, a bruise, minor scarring, or feeling faint can occur, while infection is uncommon.

Bleeding may last longer in someone with a bleeding disorder or while taking certain medicines. The testing team should apply pressure and confirm that bleeding has stopped before you leave.

What happens next

A normal result may need no further action if your history and other tests are reassuring. If symptoms continue, a normal bleeding time should not end the assessment because the test can miss mild disorders.

A prolonged result is usually followed by a review of medicines, blood counts, kidney function, and bleeding history. More specific testing may include von Willebrand factor studies or laboratory platelet function testing. This is routine follow-up rather than an emergency when you are otherwise well and the test wound has stopped bleeding.

Seek prompt medical advice if the wound starts bleeding again and does not stop after continuous firm pressure. Increasing redness, warmth, swelling, pus, or worsening pain should also be assessed.

Seek emergency help for heavy uncontrolled bleeding, fainting, severe weakness, difficulty breathing, or bleeding elsewhere that is rapidly worsening.

Common questions

Can I drink coffee before a bleeding time test?

Usually, yes. Fasting is not normally required, and coffee is not known to have a major direct effect on bleeding time. Follow any instructions given for other tests scheduled at the same visit.

Does the time of day matter?

There is no standard requirement to perform the test at a particular time. Technique, medicines, platelet count, and health conditions are generally more important influences.

Can I exercise beforehand?

Ordinary activity is unlikely to make a major difference. Avoid activity that injures or irritates your forearm, and follow the facility's instructions if it asks you to rest before testing.

Should I stop aspirin or ibuprofen?

Do not stop prescribed medicine on your own. These medicines can prolong bleeding time, but whether they should be withheld depends on why you take them and what the clinician is trying to assess.

Will the test leave a scar?

A small mark is possible because the skin is deliberately cut. Standardized devices make shallow cuts, but healing and scarring differ between people.

Is bleeding time the same as clotting time?

No. Bleeding time mainly reflects the early platelet plug formed at a small skin injury. Laboratory clotting tests assess proteins that strengthen a clot and use blood collected into a tube.

Sources

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