The DiveMed Newsletter, December 31, 2002

http://scuba-doc.com/archdec3102.html

This material should not be used as a basis for treatment decisions, and is not a substitute for professional consultation and/or peer reviewed medical literature.

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Note from Scubadoc

Happy New Year everyone!! Here's hoping for health and good diving for all in the coming year. Welcome to our new subscribers to DiveMed/TFS. The newsletter is for diving medical news and web site updates for 'Diving Medicine Online', our constantly updated source for diving medical information.

We periodically get panicky emails from individuals 'passing on' information about possible viruses that they have sent out. Most often these are hoaxes and myths and should not be given any credence. Here is a web site that will offer you information about hoaxes and prevent you from removing files on your hard drive that correctly reside there.
http://antivirus.about.com/cs/hoaxes/

Here is a correction to our last newsletter sent in by Roger Matthews, Auckland, New Zealand

"[By the way, QANTAS is the only major airline that has never had an accident.]"
The movie "the Rainman" has something to answer for! It is not true that Qantas has not had an accident... they have had several. What is true is that they have not had a fatal accident... In the last couple of years they have had a 747 run off the end of a runway and had the undercarriage collapse on another... And for divers...

There is a Qantas plane in 45m of water in Villa Harbour in Vanuatu, which sank after hitting a reef [Sunderland flying boat].
In the most recent DAN "Alert Diver"[Jan-Feb 2003], one of the feature articles has to do with DAN misconceptions - giving the truth about common misunderstandings. Here they are in a nutshell:

1. Why doesn't DAN publish the location of hyperbaric chambers? The main reason is that DAN feels that the diver should get proper diagnosis and treatment before arriving at a chamber unannounced or with little notice. The diving injury may not be pressure related at all but may be a heart attack or stroke.

2. DAN can tell you whether or not you can dive. DAN can only offer an opinion that what you might have is a contra indication to diving and can give you a referral to a physician who can then examine you and offer consultation about your dives.

3. DAN insurance works only if I'm hurt 50 miles from home. 
DAN Travel Assist service offers help to DAN members and provides emergency medical, travel and personal assistance if you're injured on a trip and you're at least 50 miles from home. It is not an insurance. On the other hand, DAN insurance, are plans that are bought in addition to your membership [Preferred, Master and Standard] and none of them use distance from home as a criteria for service. These are all secondary insurance, payable after your primary insurance.

4. DAN will not cover dive instructors who have a dive accident. This is just not true.

5. DAN's emergency calls go through Duke University's hyperbaric facility. 
Receiving emergency calls is not part of the working process of the hyperbaric facility. Calls go through the Duke University Medical Center switchboard, then to the DAN medical staff, who will either talk to you or call you back.

6. What's DAN's policy on.....?
DAN does not make policy on diving medical issues. They make recommendations based on facts.

7. Why can't I get reimbursed?
Maybe you filled out the wrong form. The accident form is different from the insurance forms that you need to complete.

8. Call DAN if there are other questions about clearing up other misconceptions.
1-800-446-2671 in the US
+1-919-684-2948 if outside the US

In the same Alert Diver, there is a side bar that we have participated in researching about the use of Lariam [Mefloquine]. How 'Safe' is Lariam, A Member Asks, p.11, cont. on page 16. Renee Duncan, Editor of Alert Diver has taken some information that I provided her and has magically produced a very nice article concerning 'rules' for the length of time that should be waited after using the drug. To be absolutely sure that side effects of the drug don't affect your diving, one should wait at least three weeks [the half life of the medication]. Here are some web sites that provide additional information about Lariam:
http://www.scuba-doc.com/insects.htm
http://www.scuba-doc.com/drugsdiv.htm
Pearl of the Day!

Question:
Fitness to dive post pulmonary embolus after an airplane flight? What pulmonary assessment would be necessary? History of two episodes of DCI in the past.

Answer[s]:
From Jim Caruso, MD:
This is a very timely question given the inter-relationship of long travel to dive sites and the occurrence of PEs [pulmonary emboli]. I do not believe there is any cookbook approach to these patients and important factors such as age, health status and meds must be considered.

Certainly the usual V/Q and PFT studies are important. If the patient is to be anti-coagulated, that could be very dangerous on dive station. I would try to keep the INR to a minimum but your first priority is to minimize the risk of a repeat PE.

Since air-trapping is a primary concern in diving (like asthma or emphysema) and PEs can cause infarcts but have no specific pathology that predisposes a person to a greater risk of an air-trapping problem, I do not have any other blanket recommendations for evaluating such patients that is diver specific. My big concern would be recurrent PEs, especially since diving often involves travel and dive sites are often remote where medical care is nil.

From Allen Dekelboum, MD:
Although this is not in my area of expertise, I am concerned about why the PE occurred following flying. Was it due to stasis in the lower extremities on long flights. I think this is a rhetorical question and not necessarily the questioner's personal problem, although I could be mistaken. Also he himself has had two episodes of DCI in remote areas. What kind of diving is he doing?

I would be interested in knowing his hematologic status, re., clotting, etc. Is there any permanent damage from the PE? Pulmonary studies including diffusion studies would be indicated.

From Dr. Ed Kay:
If still on Coumadin I would warn of increased risk should DCS occur. If the individual understands the theoretical increased risks, I would return to diving with "informed consent".

If not on Coumadin, or if individual elects to dive with risk factor of anticoagulant I would make sure lung parenchyma has returned to normal with PFTs and Spiral CT.

I see no reason to limit diving if everything checks out OK.

From Martin Quigley, MD:
As I'm sure you are aware, there is little (or nothing) in the standard diving medicine texts (e.g. Bennett and Elliott) and the US Navy and NOAA Diving Manuals concerning diving after pulmonary embolism. I don't think any formalized testing is generally required before a return to diving. I'd wait 6-12 weeks after the acute PE, and obviously all anticoagulation would have had to have been completed before diving could be considered. The only assessment I'd do would be to ensure that there was no limitation of exercise tolerance (have the prospective diver walk up a couple of flights of stairs - or even better have the diver wear scuba gear (no fins) while climbing stairs). If there was any limitation of exercise tolerance, then there might be a role for formalized pulmonary function testing.

The answer doesn't seem very scientific, but my guess would be that diving after a PE doesn't present significant limitations.

From Dr. Richard Moon, Duke University and DAN: The main issues would be: (1) Residual cardiopulmonary effects, if any (e.g. pulmonary hypertension) and (2) Anticoagulation.

With regard to (1) pulmonary hypertension would be exacerbated by immersed exercise, particularly in cold water, and could conceivably lead to pulmonary edema. If symptoms/signs resolved satisfactorily with no evidence of pulmonary hypertension on chest radiograph, then this should not be an issue. Another possible residual effect could be an increase in respiratory dead space due to residual hypoperfusion of a lung segment/lobe. Diving itself is associated with increased dead space (see Salzano JV et al, Physiological responses to exercise at 47 and 66 ATA. J Appl Physiol 57:1055-1068, 1984, Mummery HJ et al. The effects of age and exercise on physiological dead space during simulated dives at 2.8 ATA. J Appl Physiol 2003, in press - the text can be downloaded in .PDF format from the American Physiological Society website). If the dead space were already high due to the residual PE effects, then the addition of diving could cause the person to require a significantly higher ventilation to maintain isocapnia.
If the person is still taking anticoagulants, then it goes without saying that the effects of otic/sinus barotrauma could be exacerbated. Also, local hemorrhage is a feature of both inner ear and spinal cord DCS. If the diver is unlucky enough to experience either of these, then a more severe result might ensue.

From scubadoc:

We periodically receive letters requesting information about diving and anti-coagulation. We present the following information to the diver (or the doctor) and expect them to make their own decisions about diving. Having had many very unpleasant encounters with coumadin in my past surgical life - I'm quite skittish of allowing a person to dive while on the drug.

Several things come to mind that should be addressed before allowing return to diving or certification to dive in candidates with PTE.

First, pulmonary testing should be done to rule out any air-trapping or reduction in lung function as pulmonary embolism is capable of causing lung damage with scarring and loss of pulmonary reserve. Normal PFTs [helium loop?] and spiral CT scan might allow diving if all is OK. Diving with 60% pulmonary function would be borderline should a stressful situation arise requiring increased cardiopulmonary reserve. Pulmonary hypertension that is not symptomatic on the surface might lead to right heart overload and failure when the effects of immersion are present.

Secondly, coumadin is an extremely dangerous drug in that it can allow relatively minor trauma to turn into disastrous situations from hemorrhage; namely the minor trauma of sinus, ear and lung barotrauma that can occur with every dive. This would be the main reason to disallow diving. An effort should be made to rule out causes of thrombosis, such as abnormal proteins.

Thirdly, there is some indication that anticoagulants may actually worsen neurologic outcome in decompression accidents by causing hemorrhagic lesions to worsen (Bove, 1997, p.198.). There are no studies on this subject - only isolated reports of the use of coumadin in PTE in a person after having had neurological DCS. (Spadaro, Moon, Fracica: Life threatening PTE in neurological decompression illness. Undersea Biomed Res 19 (Suppl): 41-42, 1992.)

For more information you may want to visit our web page at http://www.scuba-doc.com/antcoag.htm.

Question[s] of the Week
**Here are a series of questions related to psychological aspects and diving.**

**Question:** I plan on diving over the holidays in Mexico. Is it safe to dive when taking *Zyprexa*. I take 20 mg a day.

**Answer:** There is a 'catch 22' situation that you are in! Diving with successfully treated bipolar disease or schizophrenia would not be a problem, particularly if you have the approval of your physician and you both are aware of the increased risks involved. However, medications used in the proper treatment of your condition can cause sedation which can be dangerous in the underwater environment. Add the effects of nitrogen [narcosis] to the effects of the Zyprexa [sleepiness, cognitive and motor impairment, seizures, fainting, aspiration and temperature regulation problems] and you have a situation that is more risky than you would want to undertake. In addition, Zyprexa can affect your judgment or coordination, a dangerous situation with scuba diving.

Deciding whether or not to dive is a decision that you and your doctor and dive instructor will have to make. We can only give you information, not diagnosis or treatment.

I would not personally certify you as fit to dive.

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**Question:**

Hi: I've been **bipolar** for 6 years and I told my doctor that I wanted to take scuba diving and he said it would not be a problem on a scale for 1 to 10. I am a 4 and that's not bad I don't have any major mental problems. I am very stable and have been for a long time. But I want to know if **eskalith** and **lithobid** would these meds be a problem in diving? hope you can help me with this question.

**Answer:**

Answers are for information only, do not imply diagnosis or treatment and should always be used in conjunction with the advice of your personal physician. Diving with treated and responsive bipolar disease would not be a problem, particularly if you have the approval of your physician and you both are aware of the increased risks involved. However, medications used in the proper treatment of your condition can cause sedation which can be dangerous in the underwater environment. Add the effects of nitrogen [narcosis] to the effects of the Eskalith and Lithobid and you have a situation that is more risky than you would want to undertake. In addition, lithium products can affect your judgment or coordination, a dangerous situation with scuba diving. Sorry - but I would not personally certify you as fit to dive.

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**Question:**

I am going to Mexico to dive for New Years. I am taking a 2ea 150MG of **Wellbutrin SR**. Is it OK to dive while taking this?

**Answer:**

Wellbutrin would have no effect on gas absorption; however, it has definite dangers to divers due to it's ability to cause seizures. Any seizure activity underwater is about 100% fatal as it leads to drowning in just about every case. If you have been taking the drug long enough to know that it will not cause trouble, then diving can be undertaken with this risk in mind. It should not matter when the drug is taken in relation to your dives.
Here is the description of the side effects of seizures as taken from Medscape:
"One of the potentially most serious adverse effects of Wellbutrin (bupropion) is reduction in the seizure threshold. However, despite the potential seriousness of this effect, seizures remain a relatively uncommon adverse effect of bupropion therapy, particularly when currently recommended dosages for depression are not exceeded and underlying predisposing factors are not present.

Seizures reportedly occurred in about 1% or more of patients overall receiving bupropion as conventional tablets, many of whom had predisposing factors; however, the risk appears to be strongly associated with predisposing factors and with dosage, with seizures occurring in only approximately 0.4% of patients receiving dosages not exceeding 450 mg daily of bupropion as conventional tablets."

So, as you can see there is a small risk of diving while taking this medication. You have to make that decision yourself, taking into account the reason(s) why you are taking the drug - which in the long run might be more important in deciding whether or not to dive.

Question:
Am taking open water PADI course as is my wife in Maldives. My wife is currently on Lustral 50mg once a day for about 6 months and is very stable - any problem for this course?

Answer:
Often the dangers of drugs and diving are not so much the medications themselves, but the condition(s) for which the drugs are being given. Depression, bipolar or not, is thought of by most diving medical professionals as a contra-indication to diving. These clinical situations vary greatly, however, and with the consent and collaboration of the treating psychiatrist/physician - some people can be found fit to be certified. Even if the condition is well controlled, there is the 'catch 22' that the drug may have some harmful side effects.

All anti-depressants have a small risk (0.1-0.2%) of producing seizures; any seizure activity underwater is lethal, as the regulator falls out of the mouth and a large amount of water is unconsciously drawn into the lungs, resulting in drowning. However, seizures occurred in less than 0.1% of patients receiving Lustral in clinical trials.

Lustral also can frequently cause drowsiness and dizziness in people and we just don't know what effect each individual will have from the added effects of increased partial pressures of nitrogen that occur at depth. However, patients should be cautioned that Lustral may impair their ability to perform activities requiring mental alertness or physical coordination (e.g., operating machinery, driving a motor vehicle) and to avoid such activities until they experience how the drug affects them. One would suppose that this includes scuba diving.

To summarize:
1. She should not dive if there is any possibility of seizures. (0.1% with Lustral, a minimal risk)
http://scuba-doc.com/epildv.htm

2. She should not dive if she exhibits difficulty in concentrating or following instructions. She should not dive if her medications cause any change in sensorium that might be worsened at depth.

3. She should not dive if she is suicidal or has psychiatric problems that would deter her from interacting with her buddy, instructors or other divers. http://scuba-doc.com/psych.htm
Dealing with anxiety at depth:

Question:
What is the best way to deal with an Anxiety attack at depth before it gets into a panic. I love my diving and don't want to stop it so I am working hard to try and overcome these anxiety problems. I normally find diving very relaxing and my anxiety problems seem to manifest themselves mainly when i am diving deeper.

I am currently going through my Deep Diver course and have found that it seems to come on around the 30 Metre mark. One of my dives for the course was to go to 36M but found I got anxious around 30 Meters and decided to abort for safety reasons. As I rose to 20 MT I felt fine and quite comfortable. I tried my second dive to 34M and decided to do a nice slow controlled descent and that dive went OK. I am wondering if also the Narcosis effect at around the 30M mark is bringing on my Anxiety, and when I go down slow and controlled my body is adjusting to the Nitrogen better, thus no Anxiety is brought on???

As you have stated, the more experience I get at diving these depths, the less likely I will get anxious as it will become second nature.

At one stage, I though that some medication like Beta Blockers would help my case and stop my heart from thumping and thus help me keep in control..

What are your thoughts on the above...

Here are several thoughts while reading your letter:

You pose a good question and one that would be helpful to the many who have anxiety attacks. First, there are diving medical doctors who feel that you should not dive if you have deeply ingrained anxiety, or 'trait anxiety'. These individuals are the first to have 'state' anxiety and bolt to the surface with a real or imagined problem. If one tends to have anxiety on the surface, only repeated training of diving skills has been found to be effective in preventing a panic attack underwater. In other words, you should be so skilled that your actions should be second nature and you should be able to handle all the multi tasking that is required of good divers with having to stop and think about it. Repeated exposure to any verbally expressed fear producing situations would also be helpful; walking yourself through an imagined emergency underwater with the things that you will do - just in case. Armed with this predive guideline, you can more easily fight off the fears that might arise.

Being aware of yourself is an important step in preventing an anxiety attack. Noting rapid heartbeats, shortness of breath or sudden feelings that you ordinarily associate with anxiety can be managed by consciously telling yourself to "STOP", and then focusing on something else in the dive. If this doesn't work - then you might want to make a controlled slow ascent to the surface and abort the dive.

We would not suggest the use of anxiolytic medication because of the increased risk of sedation at depth.

1). Nitrogen narcosis is quite subtle; varies from dive to dive and depths; varies with the individual; does not usually bring on anxiety, often just the opposite; is worsened by CO2 retention due to whatever reason and can be accommodated to.

2). You might want to have your regulator checked out for slight CO2 retention at depth. Also you want to be sure
that you are not skip breathing.

3). Beta blockers blunt the 'fight or flight' mechanism, do not allow the heart to respond to necessary increases in rate and stroke volume when an emergency arises, can cause bronchial constriction and should not be used by divers.

4). Anxiolytics (drugs that are used to treat anxiety) cause a great deal of sedation in the process of treating the anxiety. It is not known how this will be affected by the added sedation of nitrogen - which is being added to your blood even at shallow depths.

4). The most dangerous region of the dive is not the deep part - but the last four feet to the surface (Boyle's Law).

5). Your anxiety must be a 'trait' anxiety (one that you live and deal with) and should have been adequately managed by yourself and your doctor before undertaking your diving training. 'State' anxiety or situationals, can occur on any dive and trigger you into doing panic- ridden things, such as a bolt to the surface with disastrous outcomes.


Hyperbaric Oxygenation

**HBOT for Crohn's Disease [Excerpted from Medscape]**

Hyperbaric oxygen (HBOT) is used to increase the relative oxygen tension within the tissue. This increased oxygen environment is lethal to anaerobic bacteria. Increased oxygen tension can also improve leukocyte bactericidal activity and optimize fibroblast proliferation.[1] The initial articles on the application of HBOT in this disease setting were primarily individual case reports.[2-4]

Since these initial reports, 2 small case series have been published. Lavy and associates[5] treated 10 patients with refractory perianal Crohn's disease with HBOT. Eight of these 10 patients improved. However, 5 of the 8 patients who responded needed more than one course of therapy. The HBOT was administered in six 90-minute sessions each week, using 100% oxygen at 2.5 atmospheres of pressure. There were no associated complications. Colombel and coworkers[6] achieved a 60% response rate using a similar HBOT protocol in 10 patients with refractory perianal Crohn's disease. In this study, 2 patients had to discontinue therapy because of adverse effects, which included bilateral tympanic perforation and psychological difficulties.


Links
Research Studies?
http://hbotoday.com/treatment/clinical/researchstudies/

Spotlight on A Hyperbaric Physician

Thomas M. Bozzuto, DO
Medical Director, Wound Care Institute
Jacksonville, Baptist Medical Center

1: Bozzuto TM, Fife CE.
Adjunctive therapies for wound healing.

2: Bozzuto TM.
Loxosceles envenomation.

3: Bozzuto TM.
Intermittent obstruction of an incarcerated hiatal hernia with a total thoracic stomach.

4: Bozzuto TM.
Severe metabolic acidosis secondary to exertional hyperlactemia.

5: Bozzuto TM.
Intravenous hydrocarbon abuse.

6: Bozzuto TM.
The hazards of carotid sinus self-stimulation.

7: Bozzuto TM.
Other enzymes. Creatinine phosphokinase, lactate dehydrogenase, serum glutamic oxaloacetic transaminase, serum glutamic pyruvic transaminase, and alkaline phosphatase.

Interesting Links

Headache in divers
Cheshire WP Jr, Ott MC. Related Articles, Links
Headache in divers.

Air embolism: diagnosis with single-photon emission tomography and successful hyperbaric oxygen therapy.

Artesunate and mefloquine given simultaneously for three days via a prepacked blister is equally effective and tolerated as a standard sequential treatment of uncomplicated acute Plasmodium falciparum malaria:

BS-AC NDC Diving Incidents Report 2002
http://www.bsac.org/techserv/increp02/intro.htm

Article about CO2 retention
http://www.suboceansafety.org/Articles/co2.htm#normal

Poetry from DrSnakebelly

long-term jungian analysis
students of anti-intellectualism
are trying to improve
long-term jungian analysis
the little mermaid chortles
completely out of character
her evaluator
has a few more things to say
silhouetted against a glistening surface

Mailbox Potpourri

Subject: lap band surgery

HELLO DOCTOR,
I'D LIKE TO THANK YOU FOR ANSWERING MY QUESTION AS ITS BEEN DIFFICULT TO OBTAIN AN ANSWER. I LOVE SCUBA, AND IN 1994 WAS IN A BAD AUTO ACCIDENT RESULTING IN 96% DISABILITY TO MY RIGHT ARM. I HAVE OVERCOME DIVING W/ THE USE OF ONE ARM AND FEEL QUITE COMFORTABLE IN THE WATER WITH MY LEVEL OF SKILLS. HOWEVER THE DEPRESSION CAUSED BY THIS ACCIDENT LEFT ME NEARLY 75 LBS. OVERWEIGHT AND I HAVE BEEN YO-YOING FOR YEARS. I AM HAVING LAP BAND SURGERY IN JAN 2003 AND WANT TO BE SURE THAT I CAN STILL GO DIVING POST OP. I AM 47 YEARS OLD, OVERWEIGHT BUT STRONG AND WOULD NOT WANT TO GIVE UP DIVING. I LOOK FORWARD TO HEARING FROM YOU.

Answer By Martin Quigley, MD
Your question actually brings up a multitude of issues, and I'm afraid that I have more questions for you than answers. To give you a complete answer, I'd need to know how much diving experience you have had, and how much dive experience you have had after your "96% disability in (your) right arm". Additionally, I'd need to know whether you are currently taking any anti-depressant or other psycho-active medications.
The simplest question you are asking is about diving after "Lap-Band" surgery. The procedure itself will not affect future diving. The adjustable band is saline (salt water) filled, and thus is not affected by pressure changes. The band can be placed either by major (open) surgery or a laparoscopic procedure. The length of time before a return to diving would range from 2-3 weeks after laparoscopy to 6-12 weeks after open surgery.

Lap-Band surgery is only FDA approved for individuals "morbidly obese" - generally defined as more than 100 pounds above ideal body weight; with a BMI over 40; or BMI over 35 with co-morbidities. Being 75 pounds overweight is generally not a recognized indication for this type of surgery.

As obesity is a risk factor for DCS (decompression sickness), you're probably at a greater risk of a dive accident now, as compared to after your surgery. An additional concern is your general physical condition. Although diving is often nearly effortless, unanticipated strong currents, emergencies involving you, your buddy, or another dive team member may require a surprising amount of physical exertion.

Which brings me back to your "96% disability in (your) right arm". Without the use of your right arm, can you adequately "rescue" yourself and/or your buddy in an emergency. If your mask was knocked off your face and your regulator out of your mouth (a not unheard of situation where you get kicked by the fins of a diver too close in front) could you locate your octopus and replace your mask? Could you offer your octopus to your buddy in an out-of-air situation? Or if you get a "runaway" inflator to your BC, could you hold onto the bottom and simultaneously disconnect your inflator hose?

As a general statement, diving while using any psycho-active medications is risky, as these medications may cause drowsiness and have not been studied under increased pressure.

I'm certainly not saying that you should not be diving, but rather you, your buddy, and the boat captain/divemaster all must recognize and accept the increased risks due to your disability.

Summing it up, I think there are many concerns you need to face when diving, but (after a normal postoperative recovery period), having had the Lap-Band surgery is not one of them.

Good luck.

Martin M. Quigley, MD, FACOG

Writer's Credentials: Board Certified in Obstetrics and Gynecology and Reproductive Endocrinology. Trained in Diving and Hyperbaric Medicine by NOAA and UHMS. Current PADI Instructor. Certified Cave and Trimix Diver. Faculty Member at DAN's 2001 Dive Medicine Course.

Advice needed re becoming an exercise trainer!
Scubadoc - Happy New Year!

Do you have any knowledge about fitness trainer certifications? I just resigned from my well paid corporate career in order to devote more time to graduate school. I'm very happy right now, but will soon be crying as the bills keep a comin' . . .
I'm in graduate school at USC, a non-health related course of study (Computer Science/Robotics) and I want to help finance grad school by working as a personal trainer. I have about 22 years experience working out as an athlete and hold several recreational and science SCUBA, CPR/First Aid, and Oxygen for Diving certifications.

Do you think I can qualify for the American College of Sports Medicine - ACSM personal trainer certification? I have been told by several professional trainers that the ACSM is the best and most respected certification organization. I do not have any formal training in biology or sports medicine, but I do want to be a very good personal trainer and be certified at the highest possible level. I have already contacted the ACSM, but would be very interested in any outside opinion.

The other possible option for me is the American Council on Exercise personal trainer exam, which is not nearly as difficult as the ACSM stuff. I'm wondering how best to get going on this, yet have confidence that I'm going to help my clients get in better shape, not pound them into the ground with injuries, overtraining, etc.

Thanks and regards,
Send replies to scubadoc@scuba-doc.com

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**Diving with a Jones Tube?**

Question:
Within the last week I had surgery to place a Jones Tube to provide a drain (stent) for a closed Puncta. [Drains tears into the nose].

Will I be able to continue to dive?

Answer:
There is not a data base on this problem and yours is the first question we have received about the Jones tube.

The only problem that you might encounter is displacement and loss of the tube due to mask pressure. So long as the tube is not blocked and the air can move freely in and out - there should be no difficulty with the effects of depth/pressure. It might be wise to irrigate your tube after diving in a hostile marine environment that contains many pathogenic organisms.

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**Ephedrine and Diving**

Question:
Is there a link between the drug ephedrine and increased risk of DCS or Oxygen toxicity? For example: the dietary weight loss product "Xenadrine". Does this product put you at an elevated risk of any dive related injury?

Answer:
Ephedrine is a stimulant that is used as an ingredient in diet pills, illegal recreational drugs, and legitimate over-the-counter medications to treat congestion and asthma. Ephedrine has a molecular structure similar to amphetamine. Ephedrine can produce the following adverse reactions: heart attack, stroke, tachycardia, paranoid psychosis,
depression, convulsions, coma, fever, vomiting, palpitations, hypertension, and respiratory depression. It can increase the risks for seizures from oxygen toxicity if you dive with nitrox.

Otic Barotrauma

Question:
I just got PADI certified last weekend and I am already crazy about diving. Unfortunately I encountered some problems during my second 40 feet open water dive on Sunday. As I surfaced I was bleeding out of my nose and spitting blood and I had a really weird feeling in my ears. During descent they hurt a little but as I equalized the pain went away and I had a good time underwater. A few hours after the dive my ears started hurting and I was bleeding out of my ears.

What do you think is wrong with me or what could I have possibly done wrong?? I am really worried because I am already looking forward to my next dive in the Keys in January but I don't want this to happen again...

Answer:
Diving is a beautiful, wonderful sport but as you have found - it has some risks! What you have experienced is probably barotrauma to the middle ears and sinuses - the air containing structures that must accommodate the pressure/volume changes that take place when you dive and come up. The bleeding from the nose is usually due to sinus barotrauma, the muffled hearing is due to damage done in the middle ears and the bleeding from the ears may be due to ruptured ear drums. It would be dangerous for you to dive again until you are examined by an ENT doctor and treated for your problems. You apparently forced yourself to descend without proper equalizing of your Eustachian tubes and damaged your ears and sinuses on your ascent (see Boyles law). Attached is an article by Dr. Allen Dekelboum giving are some methods to clear your ears properly.

Humor
BOTTLE OF WINE:

A man enters his favorite restaurant and sits at his regular table.

Looking around, he notices a gorgeous woman sitting at a table nearby, all alone.

He calls the waiter over and asks him to send their most rare and expensive bottle of Lafitte-Rothschild over to her, knowing that if she accepts it....she is his.

The waiter gets the bottle and takes it over to the girl, saying, "This is from the gentleman over there"
She regards the wine coolly, and decides to send a note in reply. The waiter, attending the response, takes the note
and conveys it to the gentleman:

"For me to accept this bottle, you need to have a Mercedes in your garage, a million dollars in the bank, and 7 inches in your pants."

After reading the note, the man decided to compose one of his own in return:

"For your information - I happen to have a BMW, a Mercedes, AND a Hummer in my garage; plus I have over 5 million dollars in the bank. But, not even for a woman as beautiful as you, would I cut off three inches. Just send the bottle back."

Sometimes we in the USA forget that there is another 'North and South' schism. As winter approaches, I think we should remember the differences between people North and South of the Border between Scotland and England...........

The Fahrenheit temperature scale for Scotland:

50F degrees
People in southern England turn on the central heating People in Edinburgh plant out bedding plants

40F degrees
Southerners shiver uncontrollably
Glaswegians sunbathe on the beach at Largs

35F degrees
Cars in the south of England refuse to start
People in Falkirk drive with their windows down

20F degrees
Southerners wear overcoats, gloves and woolly hats Aberdonian men throw on a T-shirt & girls start wearing mini-skirts

15F degrees
Southerners begin to evacuate to the continent
People from Dundee swim in the North Sea at Broughty Ferry

Zero degrees
Life in the south grinds to a halt
Inverness folk have the last BBQ before it gets cold

Minus 10F degrees
Life in the south ceases to exist
People in Dunfermline throw on a light jacket

Minus 80F degrees
Polar bears wonder if it's worth carrying on
Boy Scouts in Oban start wearing their long trousers

Minus 100F degrees
Santa Claus abandons North Pole
People in Stirling put on their 'long johns'

Minus 173F degrees
Alcohol freezes
Glaswegians get upset because all the pubs are shut

Minus 297F degrees
Microbial life starts to disappear
The cows in Dumfriesshire complain about farmers with cold hands

Minus 460F degrees
All atomic motion stops
Shetlanders stamp their feet and blow on their hands

Minus 500F degrees
Hell freezes over
Scotland wins the World Cup !!!!!!!!

A little old lady in the nursing home held up her clenched fist and announced: "Anyone who can guess what I have in my closed hand can have SEX with me tonight!"

An elderly gentleman in the rear called out, "An elephant!".
She replied, "Close enough!"

Silk Pajamas
A man calls home to his wife and says, "Honey I have been asked to go fishing at a big lake up in Canada with my boss and several of his friends. We'll be gone for a week." ---

"This is a good opportunity for me to get that promotion I've been wanting so would you please pack me enough clothes for a week and set out my rod and tackle box. We're leaving from the office and I will swing by the house to pick my things up. Oh! Please pack my new blue silk pajamas."

The wife thinks this sounds a little fishy but being a good wife she does exactly what her husband asked. The following weekend he comes home a little tired but otherwise looking good. The wife welcomes him home and asks if he caught many fish?

He says, "Yes! Lot's of Walleye, some Bluegill, and a few Pike. But why didn't you pack my new blue silk pajamas like I asked you to do?"
The wife replies "I did, they were in your tackle box."

Subject: Best Place to Drink

An Irishman, an Italian, and a Polish guy are in a bar. They are having a good time and all agree that the bar is a nice place. Then the Irishman says, "Aye, this is a nice bar, but where I come from, back in Dublin, there's a better one. At McDougal's, you buy a drink, you buy another drink, and McDougal himself will buy your third drink!"

The others agree that sounds like a nice place.

Then the Italian says, "Yeah, that's a nice bar, but where I come from, there's a better one. Over in Brooklyn, there's this place, Vinny's. At Vinny's, you buy a drink, Vinny buys you a drink. You buy anudda drink, Vinny buys you anudda drink." Everyone agrees that sounds like a nice place. Then the Polish guy says, "You think that's great? Where I come from, there's this place called Warshowski's. At Warshowski's, they buy you your first drink, they buy you your second drink, they buy you your third drink, and then, they take you in the back and get you laid!" "Wow!" say the other two. "That's fantastic! Did that actually happen to you?" "No," replies the Polish guy, "but it happened to my sister!"

A man returning home a day early from a business trip, got into a taxi at the airport after midnight, and while enroute to his home, asked the driver if he would be a witness, as he suspected his wife was having an affair, and expected to catch her in the act.

The driver agreed, and they both tiptoed into the bedroom, turned on the lights pulled the blanket back and found the wife in bed with another man. The husband put his gun to the man's head, and the wife shouted, "Don't do it, this man has been very generous. Who do you think paid for the Corvette I said I bought for you, who do you think paid for our new boat, he did!"

The husband, looked over at the cab driver, and said, "What would you do in a case like this?"

The cabbie smiled, and said, "I'd cover him up before he catches cold."

From Jose Kirchner:

Two strangers are sitting in adjacent seats in airplane. One guy says to the other, "Let's talk. I hear that the flight will go faster if you strike up a conversation with your fellow passenger."

The other guy, who had just opened a good book, closes it slowly, takes off his glasses and asks, "What would you like to discuss?" The first guy says, "Oh, I don't know; how about Nuclear Power?"

The other guy says, "OK, that could make for some pretty interesting conversation. But let me ask you a question first: A horse, a cow, and a deer all eat the same stuff. But the deer excretes pellets; the cow, big patties; and the
horse, clumps of dried grass. Why is that?" The first guy says, "I don't know."

The other guy says, "Oh? Well then, do you really think you're qualified to discuss Nuclear Power when you don't know shit?"

---

**I know**

A little girl goes to the barber shop with her father.

She stands next to the barber chair, eating a snack cake while her dad gets his hair cut.

The barber smiles at her and says, "sweetheart, you're gonna get hair on you're twinkie".

"I know", she replies. "I'M GONNA GET BOOBS TOO".

---

My neighbor found out her dog could hardly hear so she took it to the veterinarian. He found the problem was hair in it's ears and cleaned both ears and the dog could hear fine. The vet told the lady if she wanted to keep this from reoccurring she should go to the store and get some "Nair" hair remover and rub in it's ears once a month.

The lady goes to the drug store and gets some "Nair" hair remover. At the register the druggist tells her "If you're going to use this under your arms don't use deodorant for a few days." The lady says "I'm not using it under my arms."

Druggist says "If you're using it on your legs don't shave for a couple of days." The lady says "I'm not using it on my legs either, and if you must know I'm using it on my schnauzer."

"The druggist says "Well, stay off your bicycle for a week."

---

**Subject: Supermarket**

A man approached a woman in a large supermarket and said, "I've lost my wife here in the supermarket. Can you talk to me for a couple of minutes?"

The woman looked puzzled. "Why talk to me?" she asked. "Because every time I talk to a woman with tits like yours, my wife appears out of nowhere".

---

Jay and his **blonde wife** live in Chicago. One winter morning while listening to the radio, they hear the announcer say, 'We are going to have 3 to 4 inches of snow today. You must park your car on the even numbered side of the street, so the snowplow can get through.'
Jay's wife goes out and moves her car. A week later while they are eating breakfast, the radio announcer says, 'We are expecting 4 to 5 inches of snow today. You must park your car on the odd numbered side of the street, so the snowplow can get through.'

Jay's wife goes out and moves her car again. The next week they are having breakfast again, when the radio announcer says 'We are expecting 10 to 12 inches of snow today. You must park...', then the electric power goes out.

Jay's wife says, 'Honey, I don't know what to do.'

Jay says, 'Why don't you just leave it in the garage this time?'

Let me know if you have any announcements, tips, links, articles or responses to any of the material in our newsletter.

Best regards for safe diving!

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