

Assessing Fitness to Return to Diving After Decompression Illness

DMAC I3 Rev. I – October 1994

Supersedes DMAC I3 dated July 1983, which is now withdrawn

Introduction

Over the last decade, it has become recognised that the decompression disorders are more complex than previously believed, they may involve more systems of the body than is apparent from the clinical presentation and they may result in chronic injury to some tissues, particularly the bones and nervous system and, possibly, the lungs. As a result, there has been increased emphasis on the early treatment of even minor symptoms and a tendency to lengthen lay-off periods after treatment.

Unfortunately, a consequence of this approach, and the prevalent opinion that diving companies are reluctant to employ divers who have suffered from decompression illness, is the perception, supported by a recent Norwegian study, that divers under-report their symptoms. In determining guidance on fitness to return to diving, the implications of such advice on the reporting of symptoms must be considered. However, a higher priority is to provide, in the light of current knowledge, advice which will serve to minimise the extent of any injury to the diver.

Guidance

The following minimum periods are recommended before returning to diving after decompression illness. The period begins after completion of successful treatment (there are no residual manifestations). It is stressed that these recommendations represent minima and longer lay-offs may be necessary in individual cases.

- A Limb pain, cutaneous (skin rash with severe itching), lymphatic (swelling of tissues) or non-specific (persistent headache, excessive fatigue, loss of appetite, nausea) manifestations only
- i) With uncomplicated recovery: 24 hour lay-off
 - ii) Where there has been a recurrence or relapse requiring further recompression: 7 day lay-off
- B Neurological or pulmonary manifestations:
- i) Altered sensation involving the limbs only: 7 day lay-off
Return to diving only after review by a diving medicine specialist
 - ii) Other neurological (including audiovestibular) or pulmonary manifestations: 28 day lay-off
Return to diving only after review by a diving medicine specialist
- C After an incident of pulmonary barotrauma resulting in a pneumothorax or mediastinal/subcutaneous emphysema, the diver should be assessed by a diving medicine specialist. Return to diving may be permitted, but not normally until at least 28 days following complete recovery.

In cases where there are significant residual neurological manifestations, even after repeated treatment, the diver should normally be considered unfit to dive. Return to diving should only be permitted if sanctioned by a diving medicine specialist.