

THE WORLD AS IT IS

A HISTORY VICTORIA'S RECOMPRESSION FACILITIES, PART 2

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Key Words

History, hyperbaric facilities.

For the first part of this history the reader is referred to pages 71-72 of the June 1999 issue of the Journal. Here the story of the Hyperbaric Service as a wholly Alfred Hospital owned and operated facility is continued

In 1989 the two chambers, which had been temporarily linked in 1984, were relocated adjacent the new Trauma Centre and helipad with the intention that this relocation be temporary only, pending installation of a new, purpose built clinical treatment chamber system. The new, first floor Hyperbaric Service building was purpose constructed within constraints created by its location above the Emergency Department ambulance bay and by the necessity for it to also provide a corridor from the new Trauma Centre to the Diagnostic Radiology Department.

The chambers' air filtration system was upgraded to a standard sufficient for a new facility and one new compressor system had been purchased. The other main components of the system were essentially as installed in 1987 and minimally different from 1984.

The Hyperbaric Service also acquired a second hand monoplace hyperbaric chamber, donated by Royal North

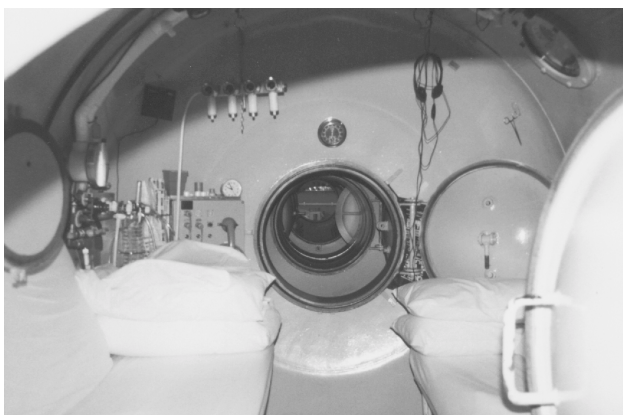


Figure 2. Looking through the Vidor chamber with its 800 mm doors, only just wide enough for a stretcher to be passed through, into its second compartment and then on into the other compartments. On the left can be seen the oxygen supplies for the patients.



Figure 1. Looking down on the old Alfred chamber complex in 1996. The double glass doors open onto the helipad. In the top righthand corner is the ingenious crane arrangement needed to insert stretchers into the chamber. The stretcher was inserted into the two white half circles which hooked under the stretcher handles. Then the travelling beam was moved in through the entry door and the patient and stretcher were moved over one of the bunks shown in Figure 2 while the beam was lowered so that the stretcher could touch down. The narrow portion of the complex was a second, much smaller, compartment of the main treatment chamber.

Shore Hospital in Sydney who had completed the research program for which the chamber had been used. It was transported to Melbourne and installed with Lions Club funding, proving to be a useful additional resource.

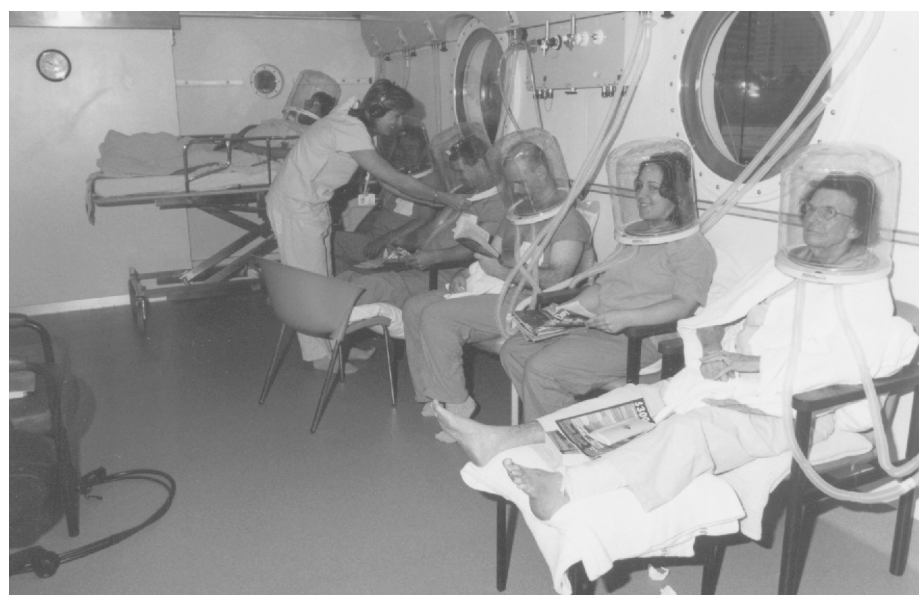
The workload of the Hyperbaric Service grew throughout the 1990s, plateauing at around 2,500 treatments per annum from 1996–1998. This proved to be the effective maximum capacity of the chamber system, staffed for three routine treatment runs a day. For most purposes, the Service effectively operated with a single chamber. The Vidor chamber with its 800 mm diameter entrance provided



Figure 3. The new chamber being delivered in 1999.



Figure 4. One of the entry doors to the new chamber complex.



the only acceptable access for supine patients and the many elective wound healing and chronic osteomyelitis patients who are mobility impaired. The Comex chamber was used principally for diver recompression to reduce the need for scheduled treatments to be cancelled.

The Alfred Hospital finally replaced the least suitable hospital based hyperbaric facility in Australia with a large rectangular walk in triple-lock facility in February 1999. The two chambers which were temporarily connected in 1984 had been finally separated 15 years later, their departure from service marked by a fine wake, at which many of those associated with the chambers over the years partied late into the night in a combination of celebration and reminiscence.

In May 1999, the Vidor chamber was stored in an outer Melbourne factory building, awaiting a new home. The 26 year old Comex chamber, however, was already on its way to a new stage of its career as a diver recompression facility. It was commissioned in Vanuatu during August 1999.

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Figure 5. Patients in the new chamber's main lock, which is big enough to take an intensive care bed with plenty of room for staff and equipment. Patients wear transparent hoods when on oxygen. One tube delivers oxygen close to the patient's face and the other removes the flow to the overboard dump.