

LETTERS TO THE EDITOR

RECOMPRESSION FACILITIES AT PALAU AND CHUUK

Director Emergency Medical Services
US Naval Hospital, Okinawa
8/1/97

Dear Editor

I was very interested in the review of the recompression facilities in Palau and Chuuk by Dr Wong in the December 1996 issue. I was the senior Diving Medical Officer for the US Navy in Guam from 1990 through 1993, and treated many cases referred to our facility from these locations. The difficulties in arranging timely transportation and minimising delays to recompression were always accentuated by the remoteness and relatively primitive facilities available on these islands. It was most reassuring to hear that Palau now has a multi-place chamber, especially since their previous monoplace had proved to be somewhat unreliable during my tenure in Guam. Reviewing the statistics of diving accidents from 1993 to 1995, I suspect the apparent low number for 1993 may reflect that many DCI cases were still being referred to Guam for treatment.

I would like to correct one discrepancy regarding the chamber in Chuuk. This facility was being used in 1990, although it was used rarely since the assigned personnel had significant knowledge deficits regarding maintenance and proper recompression theory. I flew there, as an emergency, in October 1990 to treat a "decompensating" patient who had been undergoing a Table 4 that was discontinued when the chamber "ran out of oxygen". The US Navy sent myself, the Master Diver and 2 first class divers, with a supply of oxygen cylinders, to assist. Although still relatively new, the chamber was already in disrepair with improperly maintained compressors and leaking oxygen BIBS (built in breathing systems). The "operator" also believed that "bad air settles" and so switched oxygen cylinders whenever they were only half full. We spent one day doing maintenance and repair, the patient being quite stable and without overt signs of DCI on our arrival. I concur that it is a tragedy that this chamber remains unused, especially given the limit-defying profiles common in Chuuk, but until appropriately trained and knowledgeable operators are available it is safer for it to remain dormant.

My thanks to Dr Wong for providing an in-depth and timely update about Micronesia. It remains a divers' paradise and, with continued assistance, it will become a safer place for those of us who enjoy its waters and beauty.

William B Cogar LCDR, MC, USN

Key Words

Decompression illness, hyperbaric facilities, letter, treatment.

TRAVEL INSURANCE FOR DIVERS

201 Wickham Terrace
Brisbane
Queensland 4000
2/10/96

Dear Editor

Recently I went overseas with fifteen other divers to wreck dive at Vila and Santo. The dive company concerned advised members to take out travel insurance. While diving on the *SS President Coolidge* three experienced divers took electrically powered scooters to 69 m with a bottom time of 14 minutes. At approximately 0900, one of the divers (after ascending to 55 m) had difficulty breathing, became confused, took off his BC and tank, refused an octopus regulator and began convulsing followed by vomiting and coughing up blood. He remained unconscious and apparently ceased breathing.

He was taken to the surface over a period of approximately two minutes. His weight belt was dropped and his tank, BC and mask were left behind. No decompression was performed and the unconscious victim was given EAR on the surface. Breathing restarted in about two minutes. After assistance on the beach, the divers were placed in a utility vehicle and taken to the local hospital. No oxygen was available on the beach, as it was in the minibus picking up another group of divers. All three were treated with continuous oxygen and the near-drowned victim was treated with intravenous fluids, IV antibiotics and IV steroids.

Soon after I arrived at the hospital I rang the Hyperbaric Unit in Townsville and was informed that, with the permission of the insurance company, an appropriate aircraft would leave Townsville and arrive at Lugainville at midday local time. I next received a telephone call from Melbourne from a representative of the insurance company and medical recovery team requesting facsimile copies of the insurance certificates of all three victims plus my medical report. The representative was informed that I did not have access to the facsimile machine at the hospital and that the fax machine at the local hotel could not be operated by the staff on duty at that time.