

Bent on Denial

A salutary tale of adventure, injury, recovery and enlightenment.

This is a true story. All names have been changed for confidentially reasons.

This story begins with a journey. It was a long weekend holiday and the dive club had arranged an interstate trip to dive the wreck of a Navy destroyer which had been purposefully sunk for diving some years before. Our main character ... let's call him Bob, was a very experienced diver with some 700 dives to his name, including technical courses for decompression procedures and Nitrox usage. While most of the group were travelling by car on the Friday night, Bob's work commitments meant that he had to fly with some friends taking his gear. So, after working yet another 14 hour day, Bob was picked up by some friends and arrived at their accommodation at about midnight.

BY DR ANDREW FOCK

The plan was to do two dives per day on a wreck that is situated in some 28 metres of water. As Bob and his friends had technical diving qualifications, they planned to dive the wreck on twin cylinders to maximise their underwater time, using 80% Nitrox to accelerate decompression. However, at the last minute they decided to forgo the Nitrox as most people were just diving on single cylinders.

The divers were a little surprised when after surfacing from the first dive (for a total dive time of 45 minutes) they were informed that they had stayed down too long as the operator usually only allowed for a dive time of about 20 minutes with a surface interval of only one hour! Nevertheless, they waited the hour out and completed a second dive of about the same duration. Bob and his buddies were all using dive computers and at no time were there any breaches of ascent rates or decompression ceiling.

About 20 minutes after surfacing, Bob noticed an itch on his left arm. This fairly rapidly progressed to a dull ache of increasing intensity.

The sun was shining as the boat headed back to the marina, and Bob kept quiet about the pain. "It was probably something else, not decompression illness (DCI) and will get better. How could I get bent on such a tame dive?"

A night out on the town and a few beers dulled but failed to resolve the pain but he decided to sleep on it. "Maybe it would be gone by the morning".

FACTS:

50% of DCS symptoms will begin within one hour of surfacing and 90% within 6 hours. Slow onset of symptoms is often associated with shallower dives or only marginal omission of decompression. While symptoms may resolve spontaneously without treatment, equally they may worsen or stay the same.

Bob was awoken in the early hours of the morning by the pain which had now grown worse. He took a couple of Panadol (paracetamol) tablets but was unable to get back to sleep. In the morning he was unable to lift up the kettle or pour juice with his left arm due to a combination of pain and weakness. "I@\$# I must be bent!" he thought. "This can't be happening to me!". He went and discussed it with his friends. "You can't be bent you were diving with us and we're not bent". "You're just paranoid!". "You've paid for today's diving so why don't you just see if it gets better".

Bob was confused. He had the pain, but felt guilty at inconveniencing his friends and disrupting their diving. He didn't want to be seen to be a hypochondriac or weak so he

consented to come along and continue diving. He thought he would see if the pain went with depth and then would use the Nitrox 80% mix to treat himself if he thought he was bent.

FACTS:

- In-water recompression is a difficult and exacting Undertaking and is not to be taken lightly.
- Diving with existing decompression illness can turn a minor injury in to a major one such as full blown neurological decompression illness.
- Delaying treatment for minor decompression illness has been shown to make successful treatment more difficult.
- Decompression illness may cause subtle neurological changes impairing the victim's ability to make rational decisions.

Bob did the next dive. The pain seemed better at 28msw (possibly partly due to narcosis but also from the temporary compression of the bubbles at depth?) and he stayed at 6msw breathing the 80% Nitrox for about 10 minutes. However, on surfacing the pain was still there and over the next half hour actually got worse.

At this point some sanity returned and Bob decided to sit the next dive out. He told a member of the crew that he had pain in his arm and was not going to dive. But after a brief discussion on whether any decompression had been missed, he was assured that he could not be 'bent' and no oxygen was offered.

FACTS:

- All symptoms occurring after diving should be considered DCI until proven otherwise.
- Oxygen should be given irrespective of whether the victim asked for it or not!
- On shore diving medical expertise should be sought if there is any doubt about the diagnosis.

Bob was in agony driving over the low hills on the way back to the accommodation. At this point he was sure he had decompression illness but his friends kept reassuring him. "You know what they will say if you call the chamber. Have a few glasses of red. It always works for me!"

After emptying the 80% Nitrox and with no relief of the pain, Bob finally called the local hyperbaric facility some 26 hours after the onset of his symptoms.

FACTS:

- In excess of 75% of divers presenting with symptoms of decompression illness have dived within the tables / computers.
- 30% of divers wait more than 12 hours before presenting for treatment.
- Denial is probably the single biggest factor in delayed presentation.

Bob was examined by one of the Diving Doctors and diagnosed as having Type 1 Decompression Sickness. He was treated with a Royal Navy table 62 recompression profile (US Navy Table 6). However, because of his late presentation and the failure of his symptoms to resolve, this was extended to a 7 hour treatment! At the end of his treatment, exhausted, he fell asleep, the pain dulled but still present.

Continued on Page 23 ...

The next morning he awoke with the pain completely resolved. A further treatment was done that morning (2 hours duration) and he was released to go home with a return to diving in four to six weeks after review by a hyperbaric doctor.

Bob has returned to diving and has had no further symptoms.

About the Author

Dr. Andrew Fock is an anaesthetist and consultant in diving and hyperbaric medicine at the Alfred Hospital in Melbourne. He is a keen technical diver and rebreather user and has a special interest in decompression algorithms. Andrew has recently joined the Board of Directors of DAN AP.

FACTS:

- If you dive enough, there is a strong possibility that one day you will get decompression illness.
- Getting “bent” should be viewed like any other sporting injury.....if you get injured you don't keep playing, you get help so that you can continue to enjoy the sport in the future.
- Rapid acceptance and treatment are the cornerstone to achieving a speedy and complete recovery.
- Having an episode of decompression illness will usually not stop you from further diving.
- Having a permanent injury from not having it treated may!

LESSONS:

There should be no guilt or shame about getting decompression illness.

The only “stuff up” is not admitting that you have a problem and getting it appropriately treated.

Early treatment with 100% oxygen may avoid a trip to the hyperbaric chamber and should be actively encouraged by friends and staff.