

Diving Emergencies

Split into

[Barotrauma](#)

Decompression Illness

Caused either on descent caused by compression of gases  
or on ascent expansion

Descent

Commonest is middle ear barotrauma spectrum from erythema to perforated TM. Also affect inner ear with vertigo etc but need exclude DCI.

Ascent

Pulmonary barotrauma result in  
mediastinal emphysema

pneumothorax

gas embolism = arterial gas embolism AGE

Also dental pain

sinus barotrauma

GI

mask squeeze

Caused by intra and extra vascular gas bubbles  
problematic if enter arterial side  
either from nitrogen or pulmonary barotrauma

#### Risks

failure stick ascent rules  
cold water  
obesity  
length of dive  
time of ascent/ascent stops  
number of dives  
increased age  
exertion during dive

#### Symptoms/signs

depend on site of bubbles  
Musculoskeletal(bends) elbow and shoulder commonest  
cerebral headache personality change fit coma vestibular  
spinal  
rashes  
coronary artery

#### Managemnt

100%O<sub>2</sub>  
keep horizontal  
recompression risks oxygen toxicity. If tubed need saline in balloon

no flying for 1 week  
no diving 4/52 if no residual signs