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THE ISSUE: 24/7 ACCESS TO HYPERBARIC CARE

Editors note:

The publication of the paper ‘Delayed hyperbaric oxygen therapy for severe arterial gas embolism following scuba diving: a case report; UHM 2019, 46(2), 197-202, by Dr. Charlotte Sadler and colleagues and the University of California at San Diego (UCSD) stated that a patient with a severe case of AGE was transferred from the University of Hawaii Hyperbaric Treatment Center (UH HTC) to UCSD due to the lack of 24/7 access to hyperbaric facilities. This prompted the following letter from UH HTC’s Dr. Susan Steinemann, who contested this assertion. An answering letter from Dr. Sadler ensued as well as a discussion on the details of the transfer.

After considerable debate in this matter, speaking via email with Dr. Steinemann at UH HTC Hawaii; Drs. Charlotte Sadler and Kaighley Brett at UCSD; and Dr. Jim Chimiak, in consultation with medical specialist Daniel Nord at DAN, a discussion has emerged that highlights the issue of 24/7 access to hyperbaric care.

Despite the apparent lack of agreement in determining the exact steps in the decision tree for the treatment and recovery of this

patient with severe AGE, timely care – which is essential in diving emergencies – was provided. As noted by Dr. Jim Chimiak at DAN, both facilities are to be commended for their attentiveness to their patient.

~ The Editors

THE LETTER FROM DR. STEINEMANN

Dear Dr. Camporesi and UHM readers:

I appreciated Dr. Sadler and colleagues’ recount of a challenging case of arterial gas embolism (‘Delayed hyperbaric oxygen therapy for severe arterial gas embolism following scuba diving: a case report; UHM 2019, 46(2), 197-202), and am grateful for the willingness of the University of California San Diego (my alma mater) to assist in these cases. However, the article inaccurately portrays the state of Hawaii as lacking a 24/7 chamber available to treat critical patients.

The University of Hawaii Hyperbaric Treatment Center (UH HTC) has been providing 24/7 emergency hyperbaric services in a multiplace chamber in Honolulu since 1982. Notwithstanding a recent unanticipated closure (10/19/17 to 1/14/18), the UH HTC has continued to provide treatment for elective and emergency cases, including critically ill and ventilated patients. The UH HTC is unique in that it is not affiliated with a hospital, which makes it substantially more difficult to provide 24/7 critical care availability for these very rare cases. Each critical patient is individually considered based upon patient condition and available resources. The hyperbaric physician who fielded the call for this patient made the (I think correct) decision to have her flown to the mainland, rather than to Oahu, based upon her multiple organ failure, the time lapse (>1 day) before hyperbaric treatment was considered appropriate, and the fact that she was a visitor from the mainland.

I endorse the sentiment iterated by Dr. Sadler and colleagues of the need to maintain emergency hyperbaric services in Hawaii. The ongoing support of the state legislature, health insurers, government entities, and the dive community are essential, as is the ability to continue collaboration with more resource-rich hyperbaric centers on the mainland.

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