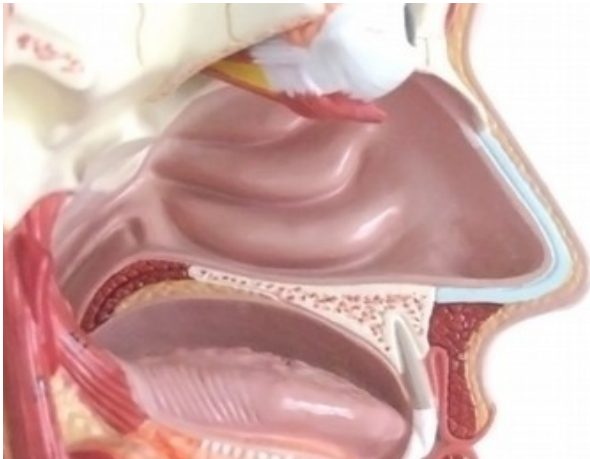


# Medical questions and answers

## Why can't I take any nose drops before diving to allow for better pressure equalisation?

Commercially available decongestant medication has a limited duration of action. If the effect wears off under water, the mucous membranes swell up again and the expanding air can no longer escape when resurfacing. This can result in inverse barotraumas or "reverse block". This is painful and can even lead to a perforated eardrum. You should not dive for 12 hours after taking nose drops.



## I have been diagnosed with a PFO (Patent Foramen Ovale). Can I still dive?

This is not something that can be answered briefly as it must first be ascertained how big the "hole in the heart" is and what risks are involved as a result. It is best to seek specific advice on this from a doctor who is experienced in diving medicine.

## Can I dive during pregnancy if I stay in shallow water?

No! The risk to the unborn child is currently unknown but evidence suggests that there is an increased risk to the unborn child. However, snorkelling is OK as long as you do not fully submerge.

## My child wishes to dive. From what age is this advisable?

Your child should be at least 8 years old and should naturally know how to swim. You should discuss it with your paediatrician in conjunction with an experienced diving doctor. The child's physical and mental stage of development should be taken into account. Children are simply not adults and require special care.

## When can I start diving again following a heart attack?

Strictly speaking, you should not dive for a year following a heart attack. Before resuming sport diving, a detailed assessment of your fitness, heart muscle function, coronary circulation and cardiac rhythm must be carried out.

## Can I dive following a spontaneous pneumothorax?

A spontaneous punctured lung is always an absolute exclusion criterion. However, it is very occasionally possible to do so in individual cases but this is subject to technically complex additional investigations.

## I am overweight. Am I at increased risk when diving?

Yes, you are at increased risk. The main factors are physical fitness (heart and lungs) and the high percentage of body fat (into which nitrogen is more easily absorbed) as well as the danger of dehydration caused by excessive sweating. You should in any event undergo an exercise ECG. If the results of this are normal, you can dive conservative profiles – preferably nitrox on air tables and with plenty of fluid intake. This will enable you to limit the risks.

## I have asthma. Can I dive?

That depends on what type of asthma you have (allergic, exercise-induced asthma, intrinsic asthma etc.) and how well it is controlled. You should first see your chest specialist for a thorough check-up and visit a diving doctor with the current test results for a consultation. Children with asthma should not dive.

## I have had laser eye surgery. When can I start diving again?

A break of 3 months is recommended to allow the cornea to heal. In addition, you should not allow your eyes to have direct exposure to sunlight for at least 3 months following this type of surgery (use very good sun glasses and hats). Your ophthalmologist should confirm that you are

## What does a diving fitness assessment cost?

In Germany, a sport diving medical examination is a service provided by the private healthcare sector and therefore not covered by statutory health insurance. There are clear guidelines set by the Association for Diving and Hyperbaric Medicine (Gesellschaft für Tauch- und Überdruckmedizin, GTÜM) about the content of the examination and what may be charged. The current schedule of medical fees (Gebührenordnung für Ärzte, GOÄ) will be applied. A standard examination usually costs between € 80 and € 100.

Version 10/2017