



Sara's Garden

Hyperbaric Oxygen Therapy & Conductive Education Center

Dear Physician:

Hyperbaric Oxygen Therapy requires a prescription from a physician. Please use this "Possible Complications" as your guide for the physical examination to rule out possible contraindications. Please feel free to call us at any time if you have any questions. Thank you for your kind referral. Please use this guide for the client support person as well. The client/support person may be in need of nasal decongestant, without drowsiness, and/or nasal spray during the course of treatment to control nasal congestion which may affect the ability to clear ears.

Chest X-ray and physical examination are preferred to be performed via the treating physician. Our professional staff assesses ears, temperature, blood pressure, lung sounds and heart rate before and after each treatment on both client and support person.

NOTE: Neurological disorders, cerebral palsy, traumatic brain injury, seizure, near-drowning, etc. are treated at 1.5-1.75 ATA for one hour, twice per day for forty treatments unless otherwise indicated. All other disorders are treated according to standard protocols for each particular diagnosis.

We do not treat clients with respiratory issues. If this is an issue or concern, please speak with Sara's Garden Clinic Director.

- **Ear barotrauma:** Difficulty in clearing the ears causes "popping" and can cause pain. Middle ear barotrauma is the most common side effect of hyperbaric (HBOT) therapy. It is prevented in most clients by teaching several techniques to equalize pressure in the ears or by the use of Tympanotomy Tubes for those who fear that they cannot auto inflate. Techniques implemented in pressurizing the chamber assist in avoiding and/or minimizing this side effect.
- **Sinus Pain:** Sinus squeeze is seen less frequently than middle ear barotrauma. This is the second most common chamber complication, usually occurring in clients with upper respiratory trach infections of allergic Rhinitis. Usually a program of decongestant nasal spray, antihistamines, and/or steroid spray just prior to compression allows therapy to continue.
- **Myopia and Cataract:** Though fairly rare, myopia can be a reversible complication of repeated exposure to HBOT. Even when progressive myopia does occur during a series of HBOT therapies, after treatment the visual acuity changes reverse completely. Acceleration of growth in existing cataracts is a complication of chronic long-term exposure. Published reports as well as extensive clinical experience indicate that new cataracts do not develop within the series of 20 to 50 sessions that are commonly used in the USA.
- **Pulmonary:** Pulmonary manifestations of oxygen poisoning are often cited as major concerns at pressures greater than 2 ATA, however, oxygen toxicity is attenuated when the exposure is intermittent. The incidence of oxygen convulsions for exposures to pressures of 2-2.4 ATA is about 2 per 10,000 patient therapies. Even when oxygen convulsions do occur, there are no residual effects if mechanical trauma can be avoided. Pulmonary barotrauma during decompression may rarely occur. Clients with airway obstruction have an increased risk for pulmonary barotrauma during decompression. Pulmonary Barotrauma is a complication that can be caused by the client holding his/her breath during decompression. This is avoided by having the client wear the mask or hood tent during decompression up to an ATA equal to 6 feet below the surface; decompression is stalled until the client ceases in holding his/her breath.
- **Oxygen Seizures:** Incidence of seizures is reported in 0.01% of 28,700 treatments and has never been reported in treatments at pressures less than 2.0 ATA for 1 hour or less.
- **Claustrophobia:** Claustrophobia, which appears to be present in about 2% of the general population, may cause some degree of confinement anxiety. Our chamber is a multiplace chamber which has a seating capacity of 5 persons, which reduces this anxiety. Our staff works patiently with this problem. Clear hoods with our clients rather than masks, which reduces the risk of claustrophobia considerably.
- **Drugs Incompatible with Hyperbaric Oxygen:** Cis-Platinum, Doxorubicin, Blemycin, Mafenide Acetate *(The client must terminate use of any of these drugs for one week prior to treatment.)*
- **History of Congenital Spherocytosis**

I am the treating Physician of (client's name)_____. I have examined the patient and find she/he is able to undergo Hyperbaric Oxygen therapy according to above information.

_____, MD ID# _____ Phone _____ Date _____

Please include a written prescription. We cannot provide therapy without a prescription.