



Underwater Wakulla- March 19, 2015

Sick Underwater By GREGG STANTON

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Sick Underwater.

We get this question often: what happens when we are sick underwater? Where do I begin! Perhaps now that I have been sick all week while training students underwater, I can better relate.

Basic scuba training advises against going underwater when you are sick, yet many boat operators tell seasick customers to jump in to avoid throwing up.

If you diving open circuit (blowing bubbles), the vomit will pass through the second stage of your regulator and out into the water around you, but the process is most uncomfortable. If you are using a rebreather, the vomit will flow into the counter lung leaving a most disagreeable smell/taste for the remainder of your stay underwater.

What motivates most of us to dive when ill is our investment in the activity. You have planned this vacation, flown down to tropical sites with others relying on your presence. To not dive is to disappoint friends, family, or even students. The culprit is usually a head cold, the kind that prevents equalizing your middle ear while you descend, or blocks any one of your five sinuses.

Of course on land you may take remedies that contain epinephrine to dry up the mucus that seems to cause the problem. But underwater, such drugs can be problematic.

Underwater our physiology spends most of it's metabolic effort trying to keep our body warm. Proportionately, very little is applied to work underwater. The resulting overload consumes any medications we may have taken much faster than what is predicted on the bottle. And when the medication wears off, a reverse block can occur, a painful barotrauma as you surface. So it is best not to indulge in such medication before diving if at all possible.

Like me this past week, refraining from medications only meant that one suffers pain, both going down and coming up, resulting in edema or swelling in the passages affected. I moved slowly to avoid major damage. But eventually those places inflicted with barotraumas became infected, resulting in secondary problems such as sore throat, sinus infection and a nasty cough that comes with mucous drainage down the throat.

Coughing underwater is a bad idea. One quarter of us humans have a congenital problem called a PFO or Patent Foramen Ovale (a hole in the heart). Normally this condition is not a problem on land or even in the shallow waters in which we recreate, but under the increased pressure of the water, when we cough, the pressure in the chambers of the heart become temporarily reversed. In the presence of non-symptomatic bubbles (resulting from nitrogen coming out of solution as we ascend) which normally bypass the PFO on their normal exit through the lungs, now take a detour into the arterial system causing stroke-like problems.

Flooded rivers and caverns brought my class to an early end, just as I came down with a fever on top of everything else. My doctor would have told me to avoid all of these complications and just take the few days off from diving early on and be much better off for it.

But what do I tell the students? You are correct; I need a back-up plan. But a family business seldom has the resources to carry additional instructors on staff. I now empathize more with those asking.