Listen to What Your Body Tells You

My daughter suffers from an occasional migraine. As a precursor to one of these "knock-her-off-her-feet" headaches, she starts to see "black splotches." She knows that she needs to quickly heed this warning and take her prescribed medication that we hope decreases the effects of the migraine. If she misses this small window of opportunity, she finds herself curled up in the fetal position in her bed in total darkness for up to a day until the pain subsides. Signals like the one my daughter gets are meaningful only if they are interpreted and responded to appropriately. In her case, medication is required.

If You Could Talk to Your Body

Your body sends you signals before, during and after every dive. The signals may be subtle, possibly the initial twinge of a leg cramp, a feeling of fatigue after a dive or possibly shoulder and back stiffness. Each of these may be nothing: a simple result of not diving for a period or from hauling around all your dive gear. Then again these signs may be your body's way of saying something is amiss.

Let's face it: diving taxes your body. How you respond to these instances – without being labeled a hypochondriac – may very well make the difference in how quickly and completely you bounce back from a dive injury. Unfortunately, divers often ignore these signals, hoping they'll "just go away." Denial is a common characteristic exhibited by injured divers: they fear what will happen if they are in fact suffering from decompression sickness (DCS), or the signals are so subtle that divers misinterpret them.

'Heal Thyself'

You don't need to be a physician to pay attention to the signals your body sends you. Once you interpret the signal, it's important then to respond appropriately. That might mean that if you suspect a dive injury, breathe 100 percent oxygen and then seek medical guidance. It's interesting, though, how often injury reports indicate that injured divers recognized some of the warning signals of DCS only to convince themselves that it was nothing and then make another dive or series of dives before finally alerting someone of a problem.

The 2004 DAN Annual Report on Decompression Illness, Diving Fatalities and Project Dive Exploration noted that in 14 percent of the cases, divers reported or acknowledged symptoms before the last dive. This shows that the diver either knowingly returned to the water with symptoms of DCS or did not recognize the symptoms as DCS prior to getting back in the water. In 6 percent of cases, symptoms occurred during the last dive while the diver was still underwater.

If in Doubt, Seek Help

In many cases, injured divers don't call DAN because they have symptoms; they call DAN because their symptoms won't go away. Even if you're unsure of your symptoms, it's prudent to seek help. (The ability to pay should never enter into a decision to seek definitive care. That is just one of the benefits of DAN membership and dive accident insurance.) And if by chance there is a problem, it's better to find out sooner, because delays in treatment can lead to delays and complications in recovery. If in doubt, seek help. The most common signals that the injured divers reported in the 2004 Report were consistent with years past. Thirty-seven percent of all divers reported pain as their primary symptom, and the next most frequently reported symptom – 26 percent of all divers – was numbness and tingling.

In 21 percent of cases, muscular weakness was reported. Interestingly, muscular weakness was more frequently noted by medical personnel than by the divers themselves. If you suspect you may be experiencing DCS, seek assistance. If someone in your group is trained to conduct an on-site neurological

assessment, this may better quantify your concerns and further convince you of the need for emergency oxygen and subsequent medical care. Conducting an on-site neurological assessment helps identify neurological deficits, including muscular weakness, not present before your dive. This provides medical professionals with a starting point as they begin to evaluate your condition. Emergency oxygen therapy is still the best immediate care an injured diver can receive. For decades now, this has been a consistent message supported throughout the dive industry when training turns to caring for injured divers.

Even with all the reminders, some divers still don't seem to fully understand the message. They still go diving without having emergency oxygen available at their dive sites. Others have it available, but somehow the oxygen often doesn't find its way to divers suspected of DCS. This may be in part due to the subtlety or mildness of symptoms or the delay in onset of DCS symptoms, but it might also be due to misinterpretation of the body's signals.

From the 2004 reported injuries, it's not surprising that individuals with lung barotraumas and arterial gas embolism were more likely to receive emergency oxygen. More than 80 percent of lung barotrauma cases and close to 70 percent of AGE cases received oxygen treatment. Fewer than 50 percent of divers with DCS symptoms received emergency oxygen. An early recognition of symptoms in the cases of lung barotrauma and AGE is most likely the reason for these differences.

Survey Says

To better understand how emergency oxygen is being used in the field, we've developed a short survey (a similar survey focusing on AED use is also being developed) that the caregiver and the injured diver can complete jointly. (Obviously, completion of this survey should not delay immediate care of the injured diver or subsequent care from medical professionals.) The survey information will help us better evaluate, among other things, the following:

- how emergency oxygen is being administered;
- if it wasn't deployed, why; and
- if the therapy is stopped for any reason, why.

DAN will include surveys, like the one here, in all DAN Oxygen First Aid Units and in Training instructional materials. We'll also have a downloadable version on our website. Help us to get the word out about this new survey, and help us to help you better understand what is happening in the field with emergency oxygen. Oxygen at every dive site and on every dive boat must be the combined mantra of divers everywhere. We need to continue educating divers on how emergency oxygen helps a diver who may have DCS, and we need to increase divers' awareness of the signals their bodies are sending them. It's also critical that we let divers off the proverbial hook if they do encounter a problem in the water. Divers all too often feel guilty for "messing up." Even though divers do everything right on any given dive, a dive injury can still happen.

Dive well. Dive often. Dive prepared. Dive safe. And when accidents happen, remember to call DAN.