# Hyperbaric Oxygenation for Near Hanging: Does it make a difference?

A Lecture for the Critical Care team of the University of Florida by Michael F. Mascia, MD, MPH Tulane University Department of Anesthesiology April 2004

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# Hyperbaric Oxygenation for Near Hanging: Does it make a difference?

Outline for handout

Handout, include references, and abstracts, pathophysiology, pathogenesis, and rational for treatment.

HBO Rx and Near Hanging: Does it make a difference? Outline

- •Background:
  - -FACILITY AND PATIENTS
- •Evidence:
  - -STUDY AND LITERATURE
- Unanswered Questions
- Opportunities for Future RESEARCHDISCUSSION

•FACILITY AND PATIENTS

-University of Maryland and MIEMSS: Where the uncommon is common, and the bizarre is not a surprise.

-A FEW PHOTOS/DESCRIPTION MIEMSS

•Facility and Patients

-Roy Myers and Brain Resuscitation

Background

-A FEW PHOTOS/DESCRIPTION MIEMSS

•Where do the patients come from and who are they? (Circa 1992)

•Streets, Hospitals and Prisons

-Blunt outside the City of Baltimore

–Some penetrating and blunt from the City of Baltimore

Patient Population by Cooperative Agreement and Continuous Communication With Other Baltimore and Regional Trauma Centers

–Blunt outside the city of Baltimore and North of DC

–Some penetrating and blunt from the city of Baltimore

Background
–A FEW PHOTOS/DESCRIPTION MIEMSS
Facility
Patients
Records

•Background

-Roy Myers / Director Hyperbaric Medicine

-MFM

•EXPERIENCE

•HBO Rx Interest

•Brain Resuscitation Interest

-Review of Records and Databank

-Review of Records:
•BOTTOM LINE
-APPROXIMATELY FOUR NEAR
HANGING CASES PER YEAR AND
TREATMENT WAS VARIABLE
-SOME WITH HBO Rx

# **DILBERT**<sup>ANP</sup> WAY OF THE WEASEL

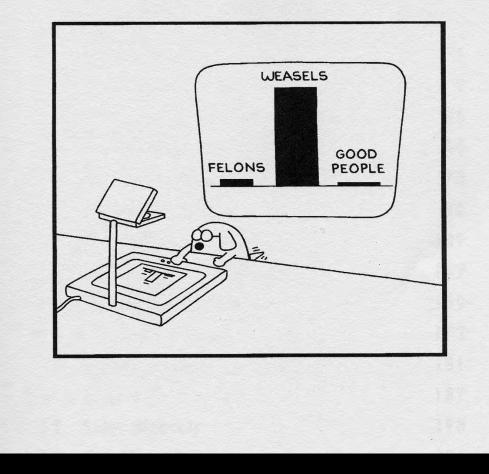
c

OTT ADAMS

BASED UPON FUNDAMENTAL PRINCIPLES IN THIS TEXTBOOK

4/15/04

To err is human. To cover it up is weasel.

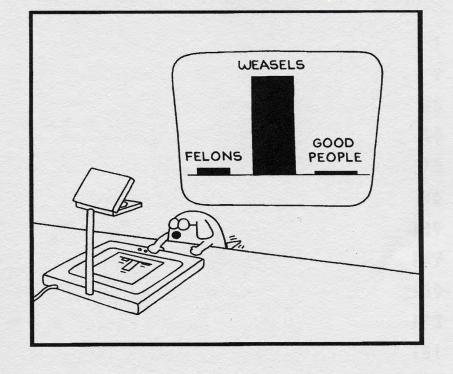


#### WHILE

TRYING TO AVOID THE WEASEL AND FELON COLUMNS, AND TRYING TO DO THE RIGHT THING.

#### **COMPLIMENTS OF SCOTT ADAMS WITH PERMISSION**

To err is human. To cover it up is weasel.



**RECOGNIZING THAT:** FREQUENTLY THERE ARE **NO Rx ERRORS!** ADVERSE OUTCOME IS **NOT USUALLY CAUSED BY ERRORS IN CARE. STUFF HAPPENS! OPPORTUNITY TO CAPITILIZE ON DIFFERENCES IN CARE AND OUTCOME** BASED **ON STATE OF "ART". EXAMINE THE DETAILS AND FIGURE HOW TO MAKE IT BETTER NEXT TIME.** 

HANGING AND NEAR-HANGING: MORBIDITY, MORTALITY AND THE **EFFECT OF HYPERBARIC OXYGEN THERAPY ON** OUTCOME: A RETROSPECTIVE REVIEW OF THE MIEMSS EXPERIENCE. M.F. Mascia, R.A.M., Myers. Maryland Institute for Emergency Medical Services Systems (MIEMSS)

#### HBO Rx and Near Hanging: Does it make a difference? THE STUDY WHERE DID THE IDEA COME FROM? COMPARISON: THE FRENCH EXPERIENCE

The role of hyperbaric oxygen in the treatment of near hanging victims remains controversial. Mathieu et. al. have suggested that hyperbaric oxygen reduces morbidity and results in optimal outcome if started within 3 hours of the hanging.

This review of near hanging victims treated at the Shock Trauma Unit of the Maryland Institute for Emergency Medical Services Systems is compared to the experience of Mathieu et. al.

We examined MIEMSS data on hanging and near hanging through retrospective chart review and review of Trauma Registry data prior to January 1993

#### HBO Rx and Near Hanging: Does it make a difference? THE STUDY WHAT DID WE DO? Preliminary review disclosed forty-two case (42) cases between July 1, 1983 and January 1, 1993.

Fifteen (15) patients were neurologically intact upon admission and one (1) had a Glasgow coma scale of 13. These 16 patients required no specific treatment.

All others (26) had Glasgow coma score less than 13 and were treated aggressively. Treatment included endotracheal intubation and mechanical ventilation (before or upon admission) in all cases and hyperbaric oxygen in (21).



Hyperbaric oxygen treatment was variable, dictated by response to early treatment, stability of the patient and identified pathology.

Population characteristics, morbidity, mortality and overall outcome observations are discussed and compared to the experience of Mathieu et. al.

The population consisted of 39 males and 3 females

Age range of the treated group was between 9 and 62 years with a mean of 25, median 20 and mode of 15 years

Overall mortality was 21% (9/42)

All patients who died had initial Glasgow coma scale of 5 or below, one was noted to have a "central cord" lesion, and one was noted to have a C2 fracture.

Length of hospital stay for survivors ranged between 1 and 68 days

Discharge Glasgow coma scale ranged between 9 and 15 with 11 treated patients final Glasgow coma scale 15

Seven patients with initial Glasgow coma score of 5 or below had final Glasgow coma score of 15

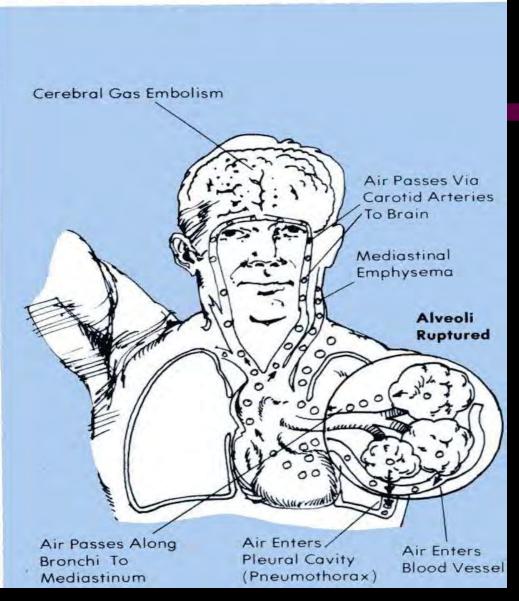
Several patients with low initial Glasgow coma scale were noted to "wake up" during their first or second hyperbaric oxygen treatment

Information sufficient to determine interval between hanging and first HBO treatment was available for 11 of 21 patients. Within this group, admission GCS ranged from 4 to 9 and discharge GCS ranged from 0 (death) to 15

All patients with delay in treatment greater than 300 minutes died while 5 patients with admission GCS less than 6 who were treated within 300 minutes achieved discharge GCS of 15 HBO Rx and Near Hanging: Does it make a difference? THE STUDY CONCLUSIONS

Near hanging (non judicial) produces a constellation of pathology that depends upon methods and duration. Hyperbaric oxygen therapy appears to have a beneficial effect upon the outcome of survivors. A comprehensive database and multicenter trial will be necessary to establish optimal hyperbaric oxygen treatment for near hanging 4/15/04 victims.

#### Figure 2–9 Complications From Expansion of Air in the Lungs During Ascent

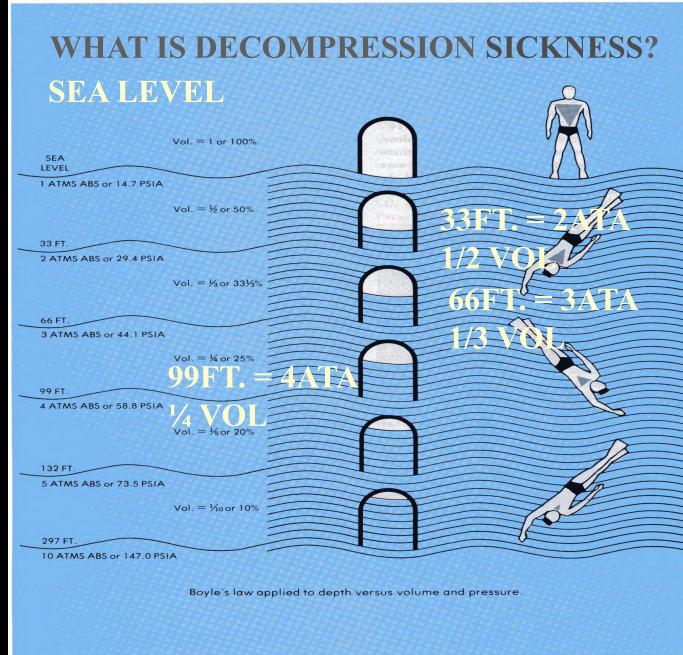


#### NOAA DIVE MANUAL SECOND EDITION

HYPERBARIC **OXYGENATION: TRADITIONALLY USED** FOR TREATMENT OF **AIR/GAS EMBOLISM AND** DECOMPRESSION SICKNESS. WHY WOULD IT BE **USED AND EFFECTIVE** FOR TREATMENT **OF NEAR HANGING?** 

4/15/04

#### Figure 1–3 Boyle's Law



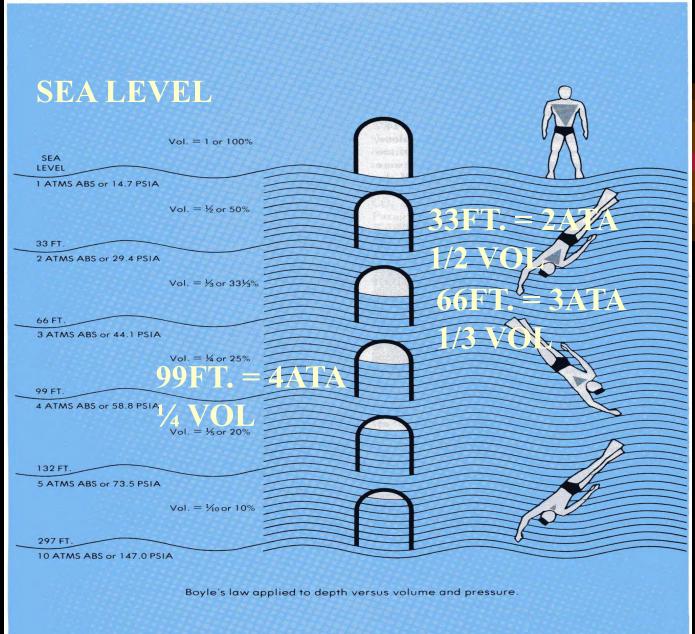
#### NOAA DIVE MANUAL SECOND EDITION

PHYSICS AND PHYSIOLOGY OF HYPERBARIC OXYGENATION

### TREATMENT OF GAS EMBOLISM

SUCK OUT THE GAS ... IF POSSIBLE ON THE VENOUS SIDE, BUT

ON THE ARTERIAL SIDE, 100% OXYGEN AND PRESSURE IS THE TREATMENT



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### TREATMENT OF GAS EMBOLISM

#### PHYSICAL AND PHARMACOLOGIC EFFECTS OF HYPERBARIC OXYGENATION

TREATMENT OF GAS EMBOLISM AND **DECOMPRESSION SICKNESS** MAY OVERLAP WITH **ISCHEMIA AND** REPERFUSION **PHYSICS: MAKE BUBBLES SMALLER PHARMACOLOGY: ABORT REPERFUSION INJURY**