



## THE EFFECT OF FINAL OXYGEN DECOMPRESSION STOP DEPTH ON DCS RISK: 20 FSW VS. 10 FSW

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# Background:

- Oxygen commonly used for accelerated decompression by US Navy and Technical Divers
- Traditional tables last stop at 10 fsw, now common to stop at 20 fsw
  - Decreased diver stress and risk of PBT by stopping deeper to avoid wave motion
  - Theoretical increased efficiency in inert gas washout



# Theoretical Advantage:

- **Oxygen at 20 fsw**
  - Decreased wave action
  - Increased efficiency of decompression postulated
    - ? Reduced pDCS by staying deeper...
  - $pN_2$  of venous gas bubble at 20 fsw
    - $pN_2 = 1.6 \text{ atm } N_2$
  - $PN_2$  of venous gas bubble at 10 fsw
    - $pN_2 = 1.3 \text{ atm } N_2$



# Theoretical Risks:

- **Acute CNS oxygen toxicity**
  - Seizures rarely, if ever, seen at  $pO_2 \leq 1.3$  ATM O<sub>2</sub>
  - Seizures have been recorded at 1.6 atm O<sub>2</sub>
    - More common in technical exposures measured in hours
  - 45 minute NOAA dive limit at 1.6 ATM rarely adhered to by recreational and technical divers



# Methods:

- **Study decompression dive profiles that do not exceed the US Navy “extreme exposure” limits**
  - Limited to feasible amount of gas in large double set
  - Common nitrox mixture (32%)
    - Profiled at MOD of gas mixture
      - 110 fsw ( $pO_2 = 1.38$  atm  $O_2$ )
  - Common commercially available deco algorithms
    - Variable permeability model-B
    - Buhlmann with gradient factors



# Methods (cont.)

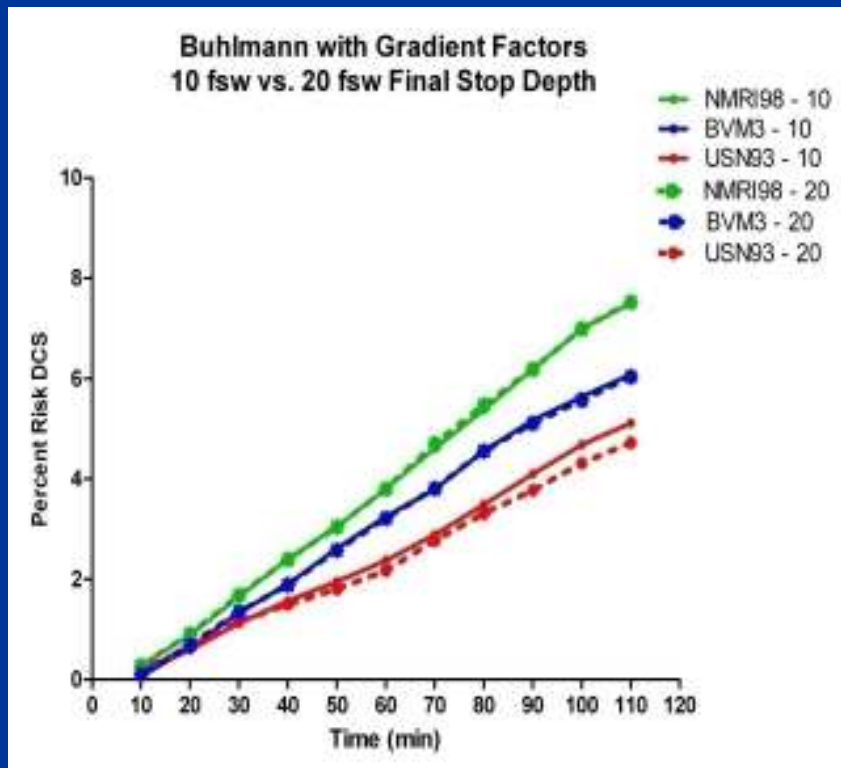
- **Navy Probabilistic Models used to produce pDCS risk for both commercial profiles**
  - Navy Models validated with dive data including DCS outcome
  - Models include traditional tissue compartments, high fractions of oxygen and bubble volume
- **Profiles differed only in final stop depth (20 fsw vs. 10 fsw)**
  - Profiles time matched to ensure only variable is final stop depth

Model Data Sets vs. Risk Calculation	Nominal Dive Dataset	Dive Dataset with High FiO <sub>2</sub>
Risk as a function of tissue compartment gas load	USN-93	NMRI-98
Risk as a function of bubble volume	BVM-3	

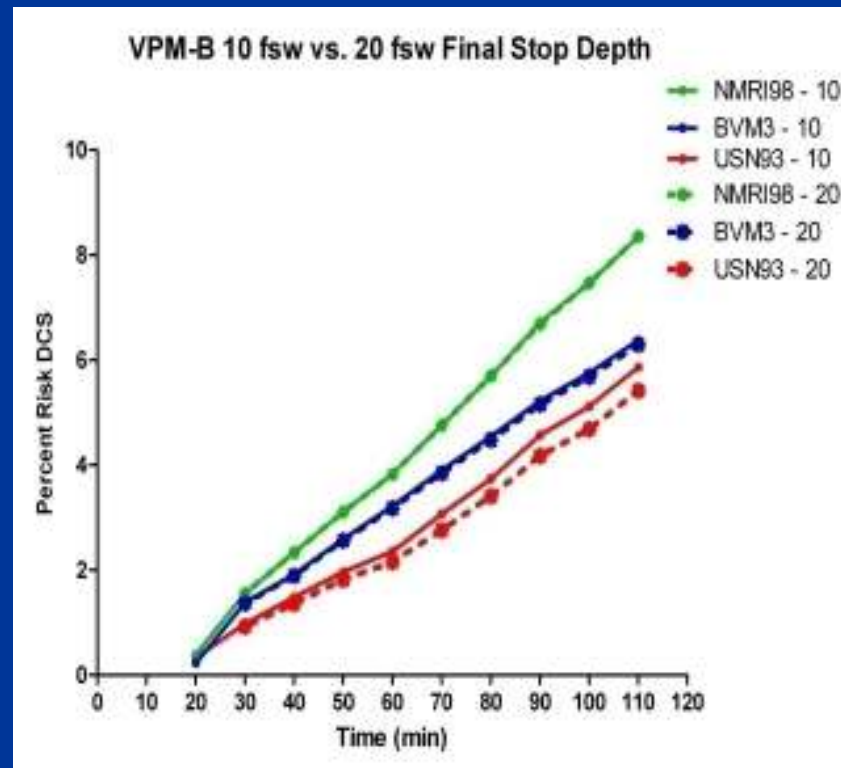




# Results:



Maximum change in pDCS = 0.39%



Maximum change in pDCS = 0.45%



# Limitations:

- Only a nitrogen based gas mixture was used for the profiles
- Profiles were intentionally picked that are unlikely to produce VGE in water
  - Extreme exposure dives may show a reduced pDCS
- Not applicable to surface supplied/hard-hat divers
  - Airway protected
  - Start oxygen decompression deeper than SCUBA divers





# Conclusions:

The pDCS is not reduced by planning the last oxygen stop at 20 fsw, divers should consider overall risk for each planned dive:

- Operational needs
- Seizure risk/airway protection
- Environmental concerns



Different needs of the US Navy and the technical/recreational community!





# Duke Anesthesiology

1. Thalmann ED, Kelleher PC, Survanshi SS, Parker EC, Weathersby PK. 1999. Statistically Based Decompression Tables XI: Manned Validation of the LE Probabilistic Model for Air and Nitrogen-Oxygen Diving. Navy Experimental Diving Unit Panama City Fla. Technical Report 01-99. <http://archive.rubicon-foundation.org/3412>
2. Thalmann ED, Parker EC, Survanshi SS, Weathersby PK. Improved probabilistic decompression model risk predictions using linear-exponential kinetics. *Undersea Hyperb Med.* 1997 Winter;24(4):255-74. <http://archive.rubicon-foundation.org/2276>
3. Gerth WA, Vann RD. Probabilistic gas and bubble dynamics models of decompression sickness occurrence in air and nitrogen-oxygen diving. *Undersea Hyperb Med.* 1997 Winter;24(4):275-92. <http://archive.rubicon-foundation.org/2258>
4. Parker EC, Survanshi SS, Massell PB, Weathersby PK. Probabilistic models of the role of oxygen in human decompression sickness. *J Appl Physiol.* 1998 Mar;84(3):1096-102. <http://jap.physiology.org/cgi/content/full/84/3/1096>
5. Behnke, AR. "The isobaric (oxygen window) principle of decompression". *Trans. Third Marine Technology Society Conference, San Diego.* The New Thrust Seaward. Washington DC: Marine Technology Society. 1967. <http://archive.rubicon-foundation.org/4029>.
6. Hobbs, GW, Gault, KA. *Decompression Risk Evaluation of Commercially Available Desktop Decompression Algorithms.* Durham, NC, 2009
7. NOAA Dive Manual, Diving for Science and Technology, 4<sup>th</sup> Edition, Office of Undersea Research, Best Publishing, 2001

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