

Body fat does not influence venous bubble formation after **air** dives: nitrogen **load** models and experiments

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Study questions

A. Is it theoretically possible that body fat (BF) affects VGB?

B. Shows a Doppler experiment an influence of BF with subjects with a wide range of body fat **but with about the same age, $\text{VO}_{2\text{max}}$ and gender?**

Theoretical study

Fat tissue has a 5 x higher solubility than watery tissues.

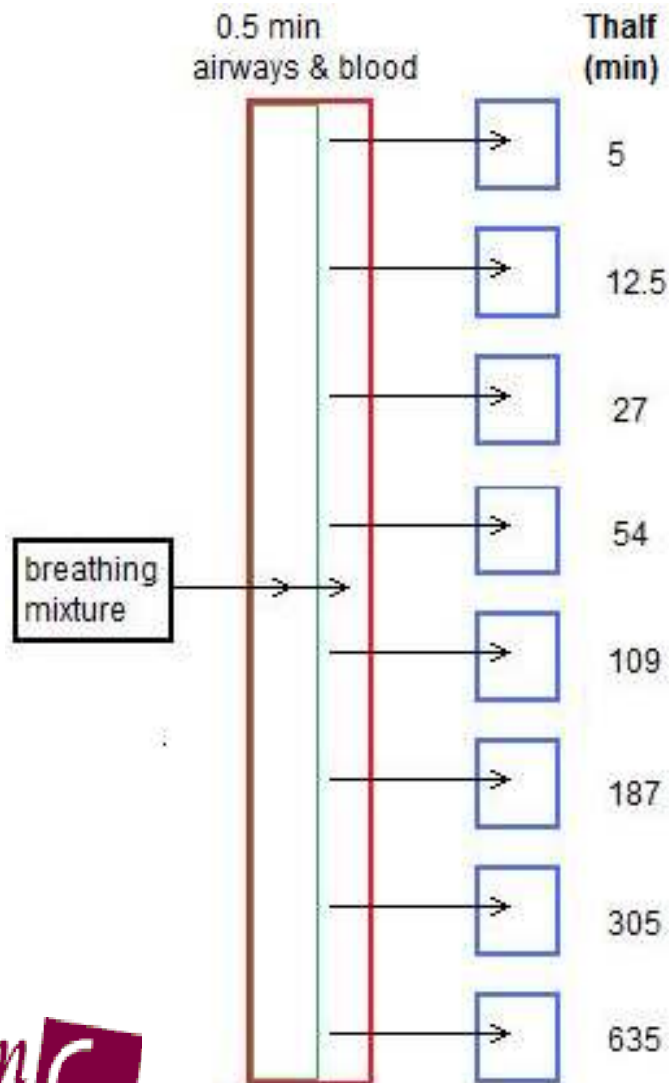
This is the basis of the classical hypothetical explanation why obese divers have more bubbles.

True or not true?

Approach

- Estimate **VGB difference** after surfacing of a **lean** (14% BF) and **thick** (28%) diver
- by calculating **N₂ loads and tensions.**

Design: **extend** Haldanian model **with a blood compartment** preceding the Haldanian //compartments.



However, connecting //compartments affects PN_2 blood.

Modelling with an electric analogue.

Time invariant linear system analysis

9th order linear diff eq, Laplace transformed to 9th-order algebraic equation analytically solved with Mathematica.

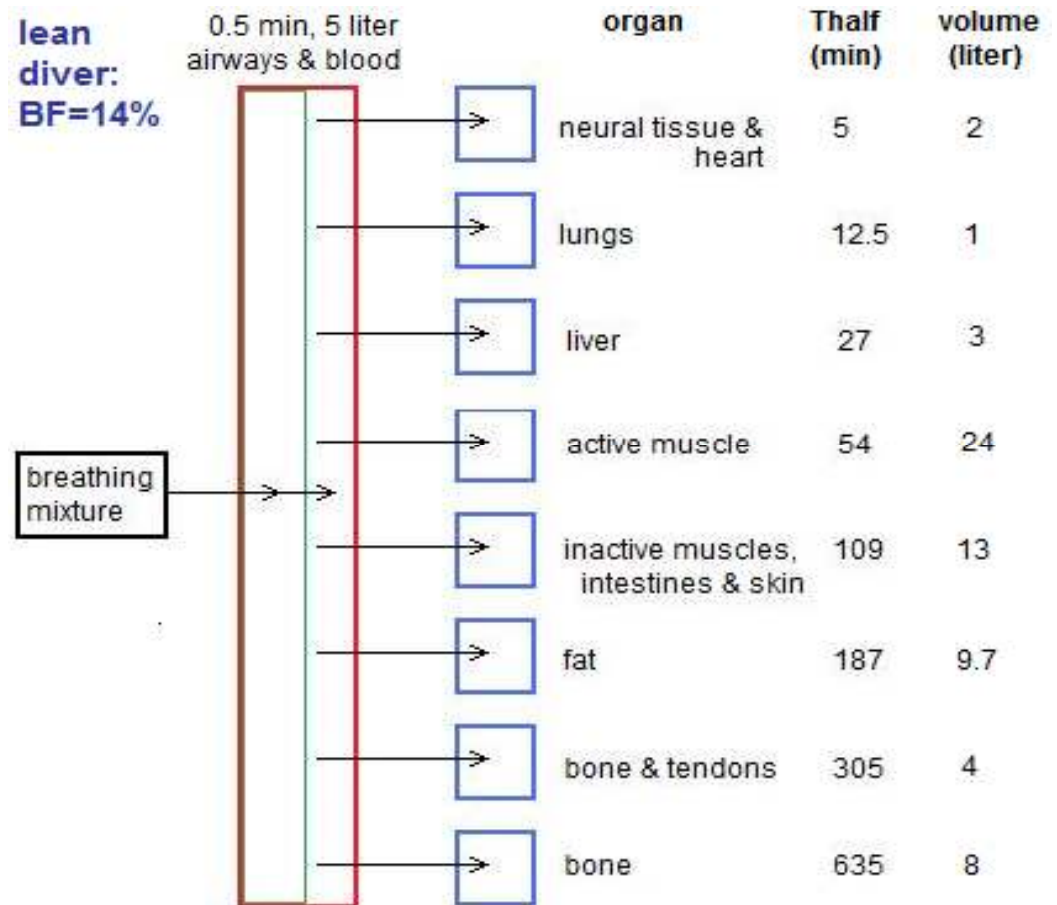
Problem 1: the analogue has compartments with same volume.

Solution: Introduce as many as identical comp's for any of the 9 proportional to its volume.

> 30 compartments results: Mathematica jams.

Problem 2: numerical values of R's and C's unknown.

Solution: abandon the analytic approach (electric analogue) and use a numerical **approximation**.



Numerical approach

Principle

Each time interval (1 min):

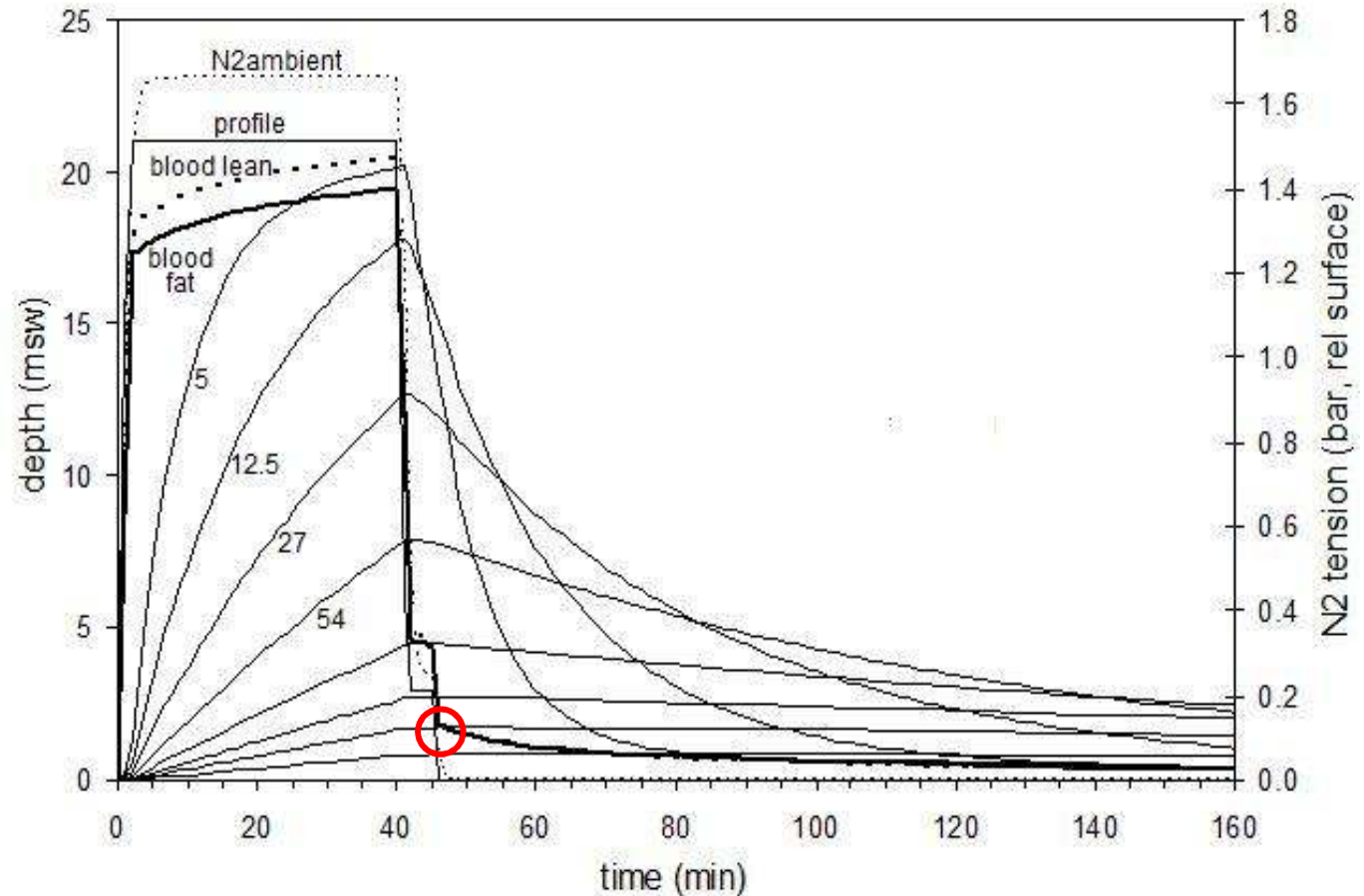
1 Calculate summed change of N_2 -loads // compartments.

2 Correct $PN_{2 \text{ blood}}$ for sum (Henry)

3 Calculate new $PN_{2 \text{ blood}}$ with $PN_{2 \text{ ambient}}$

4 Calculate new $PN_{2 //comp}$

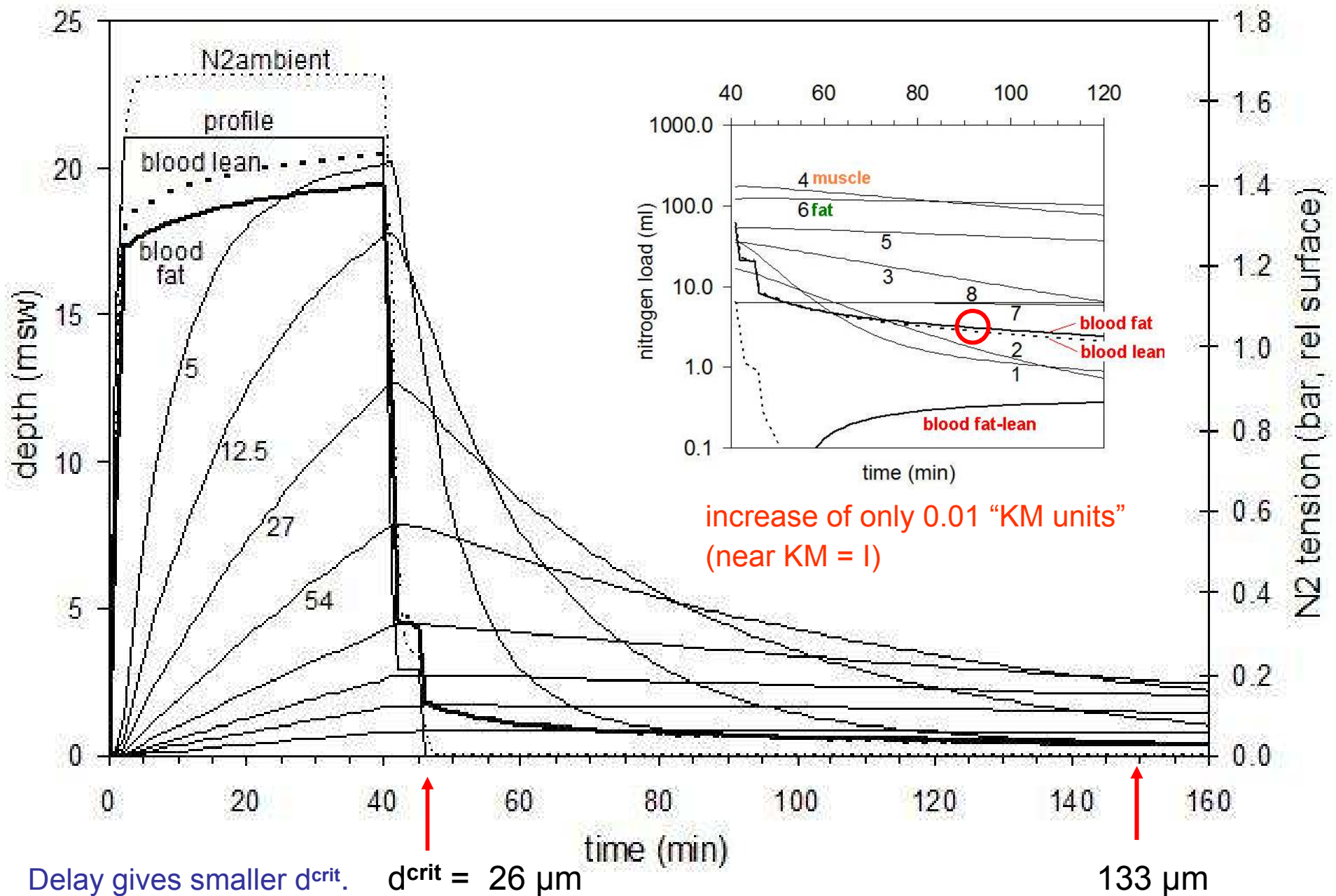
Repeat 1-4, etc.



Compartments have delayed release; $PN_{2 \text{ blood}}$ is asymptote.

$$PN_{2 \text{ blood}} = 1.65(1 - 0.77x2^{-t/0.22} - 0.06x2^{-t/5.3} - 0.17x2^{-t/59}) \text{ (approx)}$$

$$PN_{2 //comp} = \text{convolution of } PN_{2 \text{ blood}} \text{ with } 2^{-t/T_{\text{half//comp}}} / T_{\text{half//comp}}$$



Delay gives smaller d^{crit} . $d^{crit} = 26 \mu m$

$133 \mu m$

Robustness: Substantial changes in halftimes, compartment volumes, profile (also saturation), halftimes after surfacing..... do not/hardly affects outcomes.

Doppler experiment

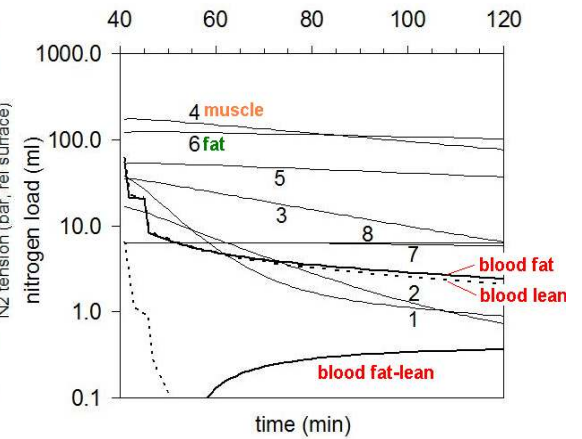
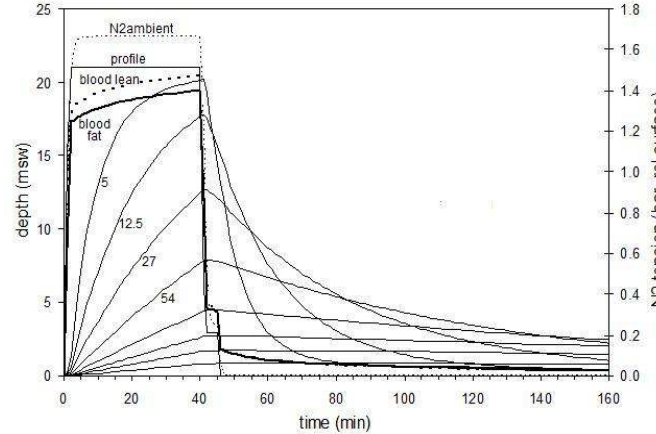
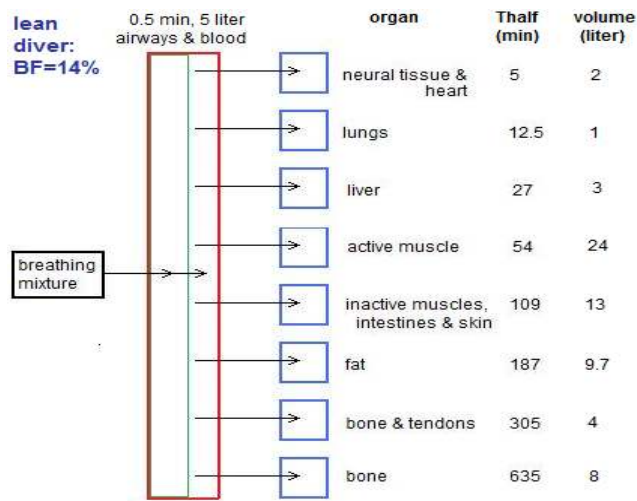
Material and methods

Precordial Doppler (KM) at 40, 80, 120, and 160 min, 40 min/3.1 bar(a) n= 53 male divers, small range in age and $VO_{2\max}$ (suppressing multicollinearity).

KM scores transformed to: $\log KISS$ and to $\log\{\#bubbles/cm^2\} = \log B$ (from EB scale).

Results

All statistical **outcomes** of (partial) correlations (Pearson & Spearman) of $\log B$ and $\log KISS$ with BF were **far from significant**, **as predicted by the model outcomes**.



CONCLUSIONS

Newness: 1. blood compartment **precedes** all Haldanian //compartments;
2. //compartments have also volume

1. Series// $-N_2$ -load **model**: much slower uptake and release; very robust.
- (2. Grow Doppler bubbles more understandable.)
3. **Model**: BF appears irrelevant for VGB (also caisson work).
4. Again **Doppler data** indicate that BF does not affect VGB.

(Schellart et al., JAP, 2013:114;602-10.)

Thank you for your attention!

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Greetings
from the
Kingdom
of the
Netherlands