

CONTRAINDICATIONS AND DISCLAIMER

ABSOLUTE CONTRAINDICATIONS

The only absolute contraindication to receiving hyperbaric oxygen therapy is an untreated pneumothorax, due to the possibility of converting it to a tension pneumothorax as the intra-pleural air expands on decompressing. All other contraindications are to a more or lesser degree relative.

RELATIVE CONTRAINDICATIONS BLEOMYCI

Cases of fatal interstitial pneumonitis have been reported in client who were administered elevated oxygen concentrations months to years after receiving bleomycin therapy. Elective treatment with HBOT is contraindicated in client with even a remote history of bleomycin administration. However, in emergency, life-threatening situations, the benefits of HBOT might outweigh the possibility of bleomycin toxicity.

DOXORUBICIN

Administering HBOT concurrently with doxorubicin was associated with cardiac toxicity. It is advisable to wait until the drug has been cleared from the body before initiating HBOT therapy.

CIS-PLATINUM

In animals, concurrent administration of HBOT and cis-platinum was associated with an increase in wound breakdown. HBOT should be held until cis-platinum therapy is finished if possible.

DISULFIRAM

Disulfiram blocks the production of superoxide dismutase, which could lead to decreased free radical scavenging in hyperbaric environments.

MAFENIDE ACETATE (SULFAMYLIN)

Increase possibility of oxygen toxicity seizures.

UPPER RESPIRATORY TRACT INFECTIONS OR CHRONIC SINUSITIS

These conditions can make it hard to clear the ears and/or can lead to significant sinus squeeze.

SEIZURE DISORDER

Increased risk of oxygen-induced seizures

EMPHYSEMA WITH CO2 RETENTION

Risk of blunting hypoxic respiratory drive and/or rupturing of a bleb during ascent leading to pneumothorax.

IS HBOT CONTRAINDICATED IN CLIENT WITH KNOWN MALIGNANCIES?

There is some theoretical concern that HBOT might enhance the growth of some tumors, especially those that have outgrown their blood supply. However, there is no clinical or experimental evidence that this occurs. Currently, known or active malignancies are not considered a contraindication to HBOT, but close monitoring of the lesion is probably indicated.

CAN CLIENT WITH IMPLANTED DEVICES SUCH AS PACEMAKERS UNDERGO HBOT TREATMENTS?

Early pacemakers, such as those made in the 1960s, contained air-filled voids that did not tolerate pressurization well and led to damage or malfunction of the devices. Most currently produced pacemakers do not suffer from these problems and their manufacturers have certified them as safe in hyperbaric environments. Other implanted devices such as medicine pumps and nerve stimulator are often not certified for greater than one atmosphere of pressure. If there is any question about a device's suitability, the manufacturer is contacted before HBOT treatments are initiated.