

Travel and precautions

Approximately one billion people travel each year by air on many domestic and international airlines.

Patients frequently ask their physicians whether or not is advisable for them to travel and what precautions should they take.

As a general rule, an individual with an unstable medical condition should not fly until his medical condition has been discussed and settled down between his physician and the director of the Airline medical department, never fly after taking a new medication for the first time unless approved by the needed parties. Every airline in the world has some capability to render medical care in-flight. Most have medical kits of varying sophistication and flight attendants with first - aid and CRP training.

Allow me to shed some light on some of the important diseases and conditions, which allows commuters to travel abroad an airplane:

Angina, unstable angina is not, accepted, but controlled with medication and no

angina at rest it's accepted on the plane.

Myocardial infarction, if within the last 6 days not accepted, but after 7 days if uncomplicated (if complicated - count from when the complication resolved) then it would be accepted.

Cardiac failure, uncontrolled heart failure not accepted, but when cardiac failure is controlled and stable it's accepted.

Pulmonary oedema, if unresolved, it's not accepted, but resolved Pulmonary oedema is accepted.

Cardiac surgery, if within 9 days or less it is not accepted, but 10-12 days after, accepted.

Angiography, if less than 24 hours is not accepted, but 24 hours and over is accepted.

Angioplasty with or without stent, if 2 days or less is not accepted, but 3 days

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and over is accepted.

Thrombophlebitis of legs, if active is not accepted, but once resolved it is accepted.

DVT/ pulmonary embolism, if onset 4 days or less is not accepted, but 5 days and over and anticoagulation stable, is accepted.

Anemia, if Hb less than 8.5 g//dl unless due to chronic disease is not accepted, but Hb 8.5 g//dl or more is accepted.

Sickle cell disease, if sickling crisis in previous 9 days is not accepted, but 10 days and over is accepted.

Pneumothorax (air in the cavity around the lung due to a puncture wound or spontaneous) **and Haemo - Pneumothorax** (blood and air around the lung), if 6 days or less full inflation are not accepted, but 7-14 days after full inflation with a doctor or nurse escort or immediately with “ Heimlich type” drain and a doctor or nurse escort are, accepted.

Chest surgery, if 13 days or less is not accepted, but 14 days and over with uncomplicated recovery is accepted.

Pneumonia, if with symptoms is not accepted, but fully resolved or, if X ray signs persist, must be symptom free is accepted.

COPD, emphysema, pulmonary fibrosis, pleural effusion (fluid in the lung cavity) **and haemothorax** (blood in the cavity around the lung) if cyanosis on the ground despite supplementary oxygen. Unresolved

recent exacerbation are not accepted, but exercise tolerance > 50 meters without dyspnoea or additional oxygen are accepted.

TIA, if less than 2 days is not accepted, but can travel once stabilization proper medication is accepted.

CVA (Stroke), if 4 days or less is not accepted, but 5-10 days if stable or improving with a nurse escort is accepted.

Grand mal fit, if less than 24 hours is not accepted, but 24 hours and over if generally well controlled is accepted.

Cranial surgery, if 9 days or less is not accepted, but 10 days and over and cranium free of air is accepted.

GIT Bleed, less than 24 hours following a bleed is not accepted, but 10 days and over can travel if clear evidence that bleeding has stopped, is accepted.

Major abdominal surgery if 9 days or less is not accepted, but 10 days and over and uncomplicated recovery is accepted.

Appendectomy if 4 days or less is not accepted, but 5 days and over and uncomplicated recovery is accepted.

Laparoscopic surgery, if 4 days or less is not accepted, but 5 days and over and uncomplicated recovery is accepted.

Otitis media and sinusitis, if acute illness or with loss of Eustachian function is not accepted, but if able to clear ears is accepted.

Middle ear surgery, if 9 days or less is not accepted, but 10 days and over is accepted.

Tonsillectomy, if 6 days or less is not accepted, but 7 days and over is accepted.

Wired jaw, if without escort is not accepted, but escorted (+ cutters) or self quick release wiring is accepted.

Acute psychosis (e. g. mania, schizophrenia, drug induced), if unstable is not accepted, but providing stable for 7 days with a doctor and / or RMN escort (hospital to hospital or not) accepted.

Chronic psychiatric disorders, if significant risk of deterioration in flight is not accepted, but providing stable for 7 days with a doctor and / or RMN escort for hospital to hospital transfers or If not hospital and stable an appropriate escort could be a capable adult is accepted.

Penetrating eye injury, if 6 days or less is not accepted, but 7 days and over is accepted.

Intra - ocular surgery, if 6 days or less is not accepted, but 7 days and over is accepted.

Cataract surgery, if less than 24 hours is not accepted, but 24 hours and over is accepted.

Corneal laser surgery, if less than 24 hours or less is not accepted, but 24 hours and over is accepted.

Pregnancy - Single uncomplicated if

beyond end of 36th week (calculated using the estimated date of delivery - EDD) is not accepted, clearance not required but doctors cert. Needed after 24 weeks.

Pregnancy - Multiple uncomplicated, beyond end 32 week is not accepted, clearance not required but doctors cert. Needed after 28 weeks.

Miscarriage (threatened or complete), if with active bleeding is not accepted, but once stable, no bleeding and no pain for at least 24 hours is accepted.

New born if less than 48 hours old is not accepted.

Full plaster cast (flight 2 hours or less), if less than 24 hours after injury is not accepted but if the treated injury is more than 24 hrs. Old is accepted.

Full plaster cast (flight more than 2 hrs.), if less than 48 hours after injury is not accepted.

Burns, if still shocked or with widespread infection is not accepted, but if medically stable is accepted.

Ventilators, if seriously ill cases should only be accepted after detailed discussion with airline advisor and long term stable requiring only ventilation with air.

Miscellaneous infectious diseases, if during infective stage of illness is not accepted.

On the other hand we will discuss the acceptance of sick passengers and persons with reduced mobility (RR MS).

So the acceptance for transportation of sick, disabled and handicapped passengers is restricted in the interest of their own safety and that of other passengers. A person with reduced mobility (PRM) is understood to mean a person whose mobility is reduced due to physical incapacity (sensory or locomotors), an intellectual deficiency, age, illness or any other cause of disability when using transport, and whose situation requires special attention and the adaptation, to his needs, of the service made available to all passengers. The company therefore, is entitled to insist upon the production of a written report on the fitness for travel, issued by a medical doctor of the company, or of the national carrier or the medical official at the airport.

Not transportation, under any circumstances, will be provided to a person who.

* Has a contagious/ infectious disease, e. g. Open tuberculosis, infectious hepatitis; scarlet fever, diphtheria, chicken pox etc.

* Has suffered a heart attack or stroke within the last 10 days.

* Requires medical treatment by pneumatically or electrically operated apparatus which, for specific reasons, is not allowed to be operated on board.

The following definitions of ECAC Doc. 30 constitute commonly agreed indications for the degree of mobility and extent of the assistance required for the journey:

• **MEDA** passenger whose mobility is impaired, due to clinical cases with medical pathology in progress, being authorized to travel by medical authorities.

• **STCR** passenger who can only be transported on a stretcher.

• **WCHR** passenger who can walk up and down stairs and move about in and aero plane and the terminal and between arrival and departure points on the city side of the terminal.



• **WCHS** passenger who cannot walk up and down stairs, but who can move about in an aero plane cabin and requires a wheel chair to move between the aero plane and the terminal, in the terminal and between arrival and departure points on the city side of the terminal.

• **WCHP** passenger with a disability of the lower limbs who has sufficient personal autonomy to take care of himself, but who requires assistance to embark or disembark and who can move about in an aero plane cabin only with the help of an on - board wheelchair.

• **WCHC** passenger who is completely immobile, who can move about with the help of a wheelchair or any other means and who requires assistance at all times for arrival at the airport to seating in the aero plane or, if necessary, in a special seat fitted to his/ her specific needs, the process being inverted at arrival.

Last, for the comfort and the safety of all, the traveler or the commuter is requested to be honest with the information he provides about his health situation, adding on full cooperation should exist between his physician, and the Airlines Medical Director.