Minor ailments

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Introduction

Minor ailments that you will see as a routine in your sickbay are difficult to define. However, we can best describe them as complaints or conditions which are not necessarily life threatening but may cause your patient some level of discomfort. These conditions are also likely to cause anxiety to your patient especially as they are often in a cabin alone, away from family, on a tight schedule of work, and under pressure to get the job done.

Prompt effective treatment can:

* Reduce absence from work
* Reduce morbidity
* Promote morale on your Installation or Vessel

All of the conditions covered cause some discomfort and concern to the individual and medic, but can be managed using simple remedies and plenty of reassurance from yourself. Your knowledge and experience along with a high index of suspicion will enable you to pick out more serious problems that may disguise themselves as minor complaints. As you gain more experience you will find it much easier to manage these ailments. Remember, nothing is ever too trivial to ask for help if you are not sure. Your Topside Doctor will always be happy to discuss any medical concerns you might have. Once you have more confidence in your treatments of everyday ailments this will be quickly passed on to your patients and then throughout the Vessel / Installation.

Remember to use every aid you have on board: books, internet, standing orders, your line manager, colleagues on other Installations/Vessels and Topside. You are never totally alone and if communications are down then confide in your OIM/Captain as they will need to be kept well informed in any case as a matter of course.

Depending on your background and experience prior to training as an offshore medic you might already have some experience in treating some of the ailments we are going to discuss throughout this module. Most of the ailments described below can be treated with simple over the counter remedies. Your patients/crew will often expect to be treated with such remedies even though there might be little or no pharmacological benefit. However you must remember the placebo effect and the feeling of being looked after and cared for can have a substantial beneficial effect on your patient’s wellbeing and recovery.

*Before you read any further, list below what types of minor ailments you think you might see on a regular day to day basis?*

*How many hours do you think you might spend in one working day sorting out such problems?*

1. Patient management principles

* History
* Examination
* Assessment
* Case presentation and discussion with your Topside Doctor
* Treatment
* Recording all information
* Review

2. Minor ailments affecting the alimentary tract

Dry chapped lips

**Cause and background** - Exposure to the

elements such as, cold, wind, snow for 12

hour shifts day in day out, very common

offshore.

**Management/treatment** – protect with

Vaseline or lipsalve

Mouth Ulcers





**Background/cause –** Unknown

**Presentation and symptoms -** see photos above

They present as small punched out lesions which usually heal naturally within ten days. Most commonly occur on the tongue, cheek and floor of the mouth. Often present with a white exudate, see examples above.

**Management and treatment**

****There is no cure, please refer to local formularies and standing orders for relevant treatments, usually salt water mouth wash, sucking lozenges containing a local anaesthetic or the application of a topical agent (Bonjela gel) will help ease the symptoms.

2.3 Candida

**Background/cause –** This is a yeast organism which

results in pain in the mouth. It is usually associated with

antibiotic use in adults when the normal mouth flora is

reduced allowing opportunistic fungal growth. In some

rarer cases it might be linked to immunocompromised

states or AIDS.

**Presentation/signs/symptoms –** A physical examination

using a torch, gloves, and disposable spatula will reveal

multiple white spots over the hard palate and buccal

mucosa, if scraped off they will reveal a small raw area.

**Management/treatment –** This condition can be cured with Nystatin lozenges, one to be sucked four times a day for seven days. Because of the above associations you should also take a careful in-depth history.

2.4 Bad breath (Halitosis)

**Background /cause –** Usually associated with smoking or alcohol consumption and or disorders of the teeth and gums.

**Management/treatment –** Advise your patient to seek a dental appointment when they return home and give advise regarding oral hygiene. You could provide them with an oral mouthwash from your sickbay stock or direct them to the bond store (shop) where they might be able to purchase antiseptic medicated mouth wash.

2.5 Indigestion/Heartburn

Usually this is the term used by patients to describe general discomfort behind the sternum or upper abdominal area. This complaint is normally but not always brought on by food and can be associated with bloating or belching.

**Cause –** Caused by acid reflux from the stomach contents moving into the lower oesophagus, the mucosa in this area is not protected and so becomes irritated.

It is often associated with poor eating habits

* Overeating (common offshore as people tend to work hard then have nothing much to look forward to when they are off shift, except eating)
* Gulping food (again often men working on the Drill floor are pushed for time and so rush their meals)
* Swallowing without chewing (as above)

All of the above result in air swallowing which in turn leads to distension and discomfort.

**Presentation/symptoms/signs –** Patient normally presents with a burning sensation behind the sternum or ribs, often relieved by belching, the examination would be normal.

**Management/treatment –** Over the counter remedies such as Rennie or Gaviscon liquid may help the symptoms. Reassurance will help as the patient often thinks they have serious problem such as a heart condition. Advice on healthy eating habits to reduce the recurrence of the condition is an essential part of your role as the Medic and Occupational Health specialist on board.

2.6 Constipation

**Background/cause –** Regularbowel habits are different for each individual and so your first job is to establish what is normal for your patient before you diagnose constipation.

Travel, change of diet, dehydration and change of routine are all factors which can often result in short term constipation; it is common for someone to report to the sickbay in the first few days of their tour of duty complaining of constipation.

Reassurance is normally all that is required along with general advice to drink plenty of water eat more fruit and vegetables and take fibre or bran in the morning.

During your consultation you may find out that your patient has been taking certain medications such as codeine, or a preparation that contains codeine. You can advise them that their constipation could be related to this. If this condition persists you might have to prescribe an aperient. Please note that this sort of medication should not be used on a regular basis as it may cause long term problems with normal bowel habits.

Sometimes, during long periods of travel, ignoring the urge to go to the toilet and evacuate the bowels can sometimes be the cause of constipation.

**Diagnosis –** Constipation is normally a minor condition which can be easily dealt with by you in the sickbay. However in the over 40’s it could be an indication of cancer of the colon. If one of your crew present with the above problems, and fit within the age category, you should reassure them and treat the symptoms while they are on board but also suggest they discuss the problem with their GP so that cancer can be excluded.

**Management/treatment –** Plenty of oral fluids, education regarding diet and mild aperients if required unless otherwise contraindicated.

*Before you read any further list below what types of minor ailments you think you might see on a regular day to day basis?*

*How many hours do you think you might spend in one working day sorting out such problems?*

*ANSWER:*

*About 90% of your clinical workload is taken up with minor ailments.*

*Upper respiratory tract infections (URTI ) are most common*

1. Ano-rectal disorders

3.1 Itching

**Background cause –** Poor hygiene post defecation, vigorous cleaning with toilet paper post defecation, scratching of the peri-anal area, sweating and tight clothing may also make the symptoms worse.

Thread worms are another cause or perianal itching. Often parents pick them up from their children. It is worth enquiring about this when your patient presents

at the sickbay.

**Management/treatment –** Education is the way forward, explain that after

defecation they should gently clean the anus. Ideally, they should wash the

area twice a day and apply Vaseline or other water repellent cream.

Prolonged uses of steroid preparations should be avoided and you must

remember to deal with the issue of constipation.

3.2 Haemorrhoids

**Background/cause –** this is essentially a varicose rectal vein or veins. It is a very common complaint but may be precipitated by straining and/or constipation.

**Presentation/symptoms/signs –** Most common complaint from the patient will be itching and discomfort. They will often complain of bleeding after defecation. They may feel that there is a large swelling in the anal area and often on examination you can see the thrombosed vein protruding through the anus.

Haemorrhoid

Treatment options are – application of a proprietary

preparation each time the bowels open.

It is very rare to see a thrombosed pile, these are

often very painful but can be treated using ice packs

and local topical anaesthetic creams. On this occasion

you should consult with your Topside Doctor.



Thrombosed Haemorrhoid

Note: any patient who presents with a history of rectal bleeding should be told to go and see their GP when on leave.

3.3 Perianal haematoma

**Background /cause –** The usual reason for a painful lump appearing in the area of the anus is the perianal haematoma. On inspection of the area you will observe swelling at the anal margin; this causes some concern to the patient.

**Management/treatment –** Normally a self-limiting condition that resolves itself within a week.

Perianal haematoma

3.4 Anal Fissure

**Background/cause –** secondary to constipation. Presentation: Pain and bleeding, a split in the anus caused with defecation.

**Management/treatment –** this condition will heal naturally. You can treat the symptoms by instructing your patient to apply lignocaine gel prior to defecation. Remember this is only for short term use (2 weeks only) as this could lead to skin sensitivity.

Abscesses in this area are not classed as minor ailments

And should be discussed with your topside Doctor

4. Minor Ailments affecting the skin

4.1 Skin Irritation

**Background/cause –** Skin irritation is fairly common amongst offshore workers. They

invariably present blaming the washing powder or the fact that there are new catering crew on board who obviously don’t know what they are doing.The cause is normally the drying of the skin caused by the very dry atmosphere on board due to the living accommodation and work areas being pressurised. Frequent hot showers can also cause the same problem. Working outside in cold windy conditions can also have an effect on the skin and sometimes contact with certain substances can act as a primary skin irritant, which can lead to dermatitis.

You must deal with skin irritation as below:

* Advise warm rather than hot showers
* Use of an emulsifying ointment as a soap substitute
* Application of a soothing cream after the shower
* Application of 1% hydrocortisone cream to worst affected areas
* Finally, avoidance of irritants (by change of job, good use of PPE)

**4.2 Common rashes**

**Scabies**

**Background/cause – t**his is an allergic reaction

to a parasite mite which is passed on by direct

skin contact with an infected person. The mite

burrows into the skin, laying eggs, which in turn

grow and hatch. The resulting allergic reaction

to the mite faeces takes about three to six weeks

to develop, so there is a marked time period

between infection and symptoms appearing.

Scabies is very common amongst children but can also be sexually transmitted.

**Symptoms –** Scabies cause intense itching, which is classically worse at night. Areas of redness are almost always found in the web spaces of the fingers or on the flexor aspect of the wrist. Other common sites are the armpits, the buttocks and around the genital area.

Please refer to your formulary for the correct management. Remember in a close living and

working environment Scabies could be passed on with ease amongst the crew.

Advise your patient that the symptoms will often continue for some weeks after treatment has commenced and this is not an indication that the treatment has been unsuccessful.

Remember crew members may become anxious about the spread of the infection; you must educate them regarding the mode of transmission which is often necessary for reassurance. It is not necessary to burn bedding or fumigate living and sleeping areas, a simple hot wash of clothing and bedding, towels etc will suffice.

Pityriasis Rosea



**Background –** Pityriasis Rosea is a skin condition which can

develop at any age. The eruption starts as a single area called

the herald patch. This is a patch of skin that varies in size, that is

red and has a slightly scaly border. The patch can occur

anywhere. Seven to ten days after the appearance of the spot

a generalised rash develops affecting the trunk, arms and legs.

After about 6 weeks it disappears of its own accord. On occasion

the eruption itches.

**Presentation – see photo opposite.**

**Management/treatment –** Harmless, self-limiting but may take several weeks to resolve. There is no specific treatment for this condition.

Urticaria

**Background/Causes -** Acute urticaria is an allergic skin reaction which may last from a few hours to a few weeks. It is often triggered by allergies to pets. Other trigger factors could be

contact with latex gloves, foods such as nuts or shellfish and even some medicines might also induce attacks. On occasion it could be caused by some viral infections.

**Symptoms – see photo opposite**

The rash is very itchy and consists of a number of

raised pale bumpy weals surrounded by red skin, which

might occur anywhere on the body.

**Management/Treatment –** A carefully taken history

may well reveal the cause. The condition itself is again

self-limiting, however treatment with an antihistamine

will help the itching.

Refer to your formulary

**Any signs of swelling of the eyes or mouth or a respiratory wheeze suggest a more generalised allergic reaction is taking place which could become anaphylaxis, so you should contact your Topside Doctor ASAP.**

Infectious Diseases

**Background-** It is fairly common for people who have not had diseases such as chickenpox and measles in childhood to catch them in later life from their own children.

They normally present with a history of several days of upper respiratory type symptoms followed by the development of a characteristic rash.

**Presentation/symptoms/signs –** see photograph below an example of chickenpox. Crops of red spots appear which quickly develop central fluid filled blisters that are very itchy. After a couple of days these spots scab over and dry up.





This rash mostly affects the trunk, but could appear anywhere on the body, including the mouth and scalp.

**Management/Treatment –** Chickenpox is infectious and anyone who has not already developed immunity will be at risk. The case must be discussed with your Topside Doctor.

Psoriasis

**Background –** Psoriasis is a skin condition in which the skin cells reproduce too quickly. It affects about 2% of the UK’s population.

Normally it takes cells 28 days to go through their cycle but, in the case of psoriasis, this process speeds up and takes between 2-6 days. This action results in cells building up rapidly on the skins surface causing, red, flaky, crusty patches covered with silvery scales to appear on the surface. These patches are then shed very easily. This condition can occur on any part of the body but is normally associated with the elbows, knees, lower back and scalp.

The severity of the condition varies greatly from person to person. For some people it is just a minor irritation, but for others it has a major impact on their quality of life.

**Presentation –** There are two common presentations:



**Plaque psoriasis –** This is the most common form of psoriasis, around 80% of people who suffer from psoriasis have plaque psoriasis. The symptoms are dry red skin lesions (known as plaques) that are covered in silvery scales. They normally appear on the elbows, knees, scalp and lower back but can manifest anywhere on the body. The plaques are normally very itchy and sore and in severe cases the skin around the joints will crack and bleed.

**Scalp psoriasis –** This condition normally affects the back of the head, but can again occur in other parts of the scalp or on the whole of the scalp. Some find scalp psoriasis extremely itchy whilst others have no discomfort. This condition can cause hair loss, but no permanent balding.

**Treatment –** Most people who work offshore that suffer from psoriasis are well controlled by corticosteroids prescribed by their GP. They may however attend the sickbay because they have run out of their medication. In this instance 1% hydrocortisone cream will suffice to control the condition until they go home.

Sunburn and Photosensitivity

**Background –** The effect of exposure of the unprotected skin to ultraviolet light is called sunburn.

**Presentation/symptom/signs –** Characterised by redness, heat and, in severe

cases, blistering. This settles over a few days. This is then followed by a period

of skin shedding (of the superficial layers). Some susceptible individuals may

develop an urticarial rash or generalised pin-point rash.

**Management/treatment –** Basic first aid – cool the skin to reduce the

discomfort. Oils and creams are not required and are unlikely to make any kind

of improvement. Once the crewmember concerned is in a better condition you must try to educate them, and perhaps the rest of the crew, about the use of sunbeds on board and over exposure to the sun.

4.3 Fungal infections of the skin

Tinea Pedis – athlete’s foot

**Background –** This is becoming increasingly common today because of the fashion for wearing footwear that does not allow the skin to breathe. Socks made by manmade fibres enhance the problem.

**Presentation/symptoms/signs –** Itching and discomfort between the toes associated with cracking and maceration of the skin, sometimes associated with an unpleasant foot odour.

See photograph below:

 **Management/treatment –** Advise patient to thoroughly dry feet after a shower, especially between the toes. Remind them not to rub too

hard as this will only cause further damage and itching/pain. Cotton socks are best. Trainers should be worn as little as possible unless they are made of leather. If possible, shoes should not be worn more than two days in a row to allow them to dry out between use. You should prescribe a topical antifungal which must be applied on a regular basis and must be continued for a while after the disappearance of the symptoms to prevent recurrence. Canesten cream is the topical choice for offshore use, however please refer to your formulary.

Tinea Cruris



**Presentation/symptoms/signs –** This condition

often starts by affecting the groin area, starting

with redness in the skin fold. If allowed to

spread this will grow to an irregular red patch

with a scaly margin, see picture on the right.

**Management –** Treat as for athlete’s foot.

Pityriasis versicolor

**Background –** Caused by a yeast (Pityrasporum Orbicularis)

**Presentation/symptoms/signs -** See photo below, this disorder is symptomless. The effect is more noticeable on tanned skin where it appears as non-pigmented areas. On non-tanned skin it can be seen as superficial irregular brownish patches, usually found on the trunk.

**Management/treatment –** Treatment is with **(Selsum)** selenium sulphide shampoo which is lathered onto the patches after showering and allowed to dry. It is then retained overnight and washed off in the morning and repeated three times a week.



Pityriasis versicolor

4.4 Bacterial infections of the skin

Folliculitis

**Background cause** – This condition is the commonest type of superficial bacterial infection of the skin due to infection of the hair follicles, it is usually caused by staphylococcus aureus.



**Presentation/symptoms/signs –** This condition is most common

in the beard area of a man who shaves. It can recur due to

re-infection from dirty shaving gear or may be spread from the

nose. It presents as a small area of inflamed red spots usually

with a small centre of pus. See photo on the right:

**Management/treatment –** Minor cases can often clear up

spontaneously but a topical antibiotic may be indicated in more

severe cases. In the latter, patients should be advised to change

their shaving utensils and if this is ineffective, they should see their GP during out field time for possible eradication of nasal staph.

Boil – Furuncle



**Background/cause –** Usually caused by Staphylococcus

Aureus invading a hair follicle or local breach of the skin.

**Presentation/signs/symptoms –** This condition presents

as a large red swelling which sometimes shows formed

pus in the centre as it develops, this condition is

especially painful when formed around the area of the ear.

**Management/treatment** – A hot compress may accelerate

the formation of the head to allow spontaneous discharge. This could be assisted by surgical incision in the softest area of the furuncle using a sterile scalpel. Remember to cleanse the skin prior to this procedure using an antiseptic solution.

Magnesium Sulphate paste is a useful topical remedy used to draw out the contents of the boil once the head has been opened.

Please note that a large painful boil may be incapacitating and in such circumstances you might want to discuss with Topside and Medevac the individual.

Note:

Sometimes a group of boils will occur in the same area and become linked causing a carbuncle. Your patient may require surgical intervention and so you must involve Topside in the management of the patient as soon as possible.

Stye

**Presentation/symptoms/signs –** A stye is an infection of a hair follicle on the eyelid margin

**Management/treatment –** This is a self-resolving disorder, it is very

unlikely that the healing process will be enhanced by medical

intervention.

Cellulitis

**Background/cause –** A spreading bacterial infection of the superficial layers of the skin, invasion occurs through a break in the skin’s surface protective layer.

**Presentation/symptoms/signs –** Patient will first of all complain of tenderness with redness and inflammation of the area. They will have noticed red streaking where the infection has infiltrated the lymphatic drainage channels and they will also have painful enlargement of the draining lymph nodes. The patient will be unwell on presentation.

**Management/treatment -** This condition can deteriorate to become a serious infection. You must contact Topside ASAP for advice regarding treatment and further management. See photo below:

4.5 Viral infections of the skin

**Background/cause –** Viruses can affect the skin either primarily (for example, shingles or herpes zoster) or give rise to characteristic skin rashes associated with systemic infections, (for example, measles).

Warts

**Background/cause –** Warts are caused by the papilloma virus which is low grade and spread through human contact.

**Presentation/symptoms/signs –** They are normally quite harmless but unpleasant in appearance. Plantar warts affect the soles of the feet. In these cases a considerable portion of the wart is below surface level.

**Management/treatment –** The natural history is for spontaneous resolution in time. However patients normally demand treatment especially when there is a cosmetic reason.

Treatments for plantar warts on the feet are required to be continued for at least three months and should be initiated offshore. The normal treatment for this condition is daily soaking of the feet in warm water to soften the skin. You can then follow this up by removing the surface wart with a pumice stone or emery board. A small drop of salicylic acid is then applied to the wart; this topical medication can be purchased over the counter by your patient at any pharmaceutical store.



Ordinary warts

Plantar Warts on the sole of the foot

Herpes simplex

**Background/cause - a** ‘cold sore’ is a recurring condition which is caused by the re-emergence of the Herpes Simplex virus which has been lying dormant in the nerve body following initial infection. Occasionally, as a result of certain triggers, it becomes reactivated, travelling down the neural axon to produce symptoms.

**Presentation/symptoms/cause –** This condition produces crops of blisters on the muco-cutaneous junction of the lips and nose. The blisters contain a serous fluid, they then bust and scab over prior to resolution. The serous fluid is infectious and can spread lesions wider if good personal hygiene is not observed.

Typical cold sore on the bottom lip

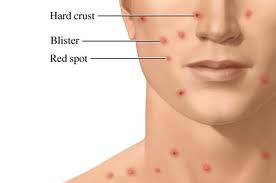
**Management/treatment –** Natural healing takes place within 14 days with no medical intervention. Alternatively, Acyclovir cream, which is a specific anti-viral topical preparation, can halt an attack if applied at the earliest tingling phase prior to the lesion appearing. This treatment will also speed up the healing process if the treatment is commenced after the lesion has appeared. This treatment will not eradicate the virus so the patient is likely to suffer from a recurrence at some time in the future.

**Herpes Zoster (Shingles)**

**Background/cause –** This condition is caused by the reactivation of the chickenpox virus which has lain dormant within the nerve root. The condition of shingles is not generally contagious, however the affected person could transmit the chickenpox virus to anyone who has not got naturally acquired immunity to chickenpox. It is the serous fluid from the blisters which is infectious so the patient must be advised regarding good personal hygiene.

For some the pain will be too much and they will have to be medevaced back to shore. If the ophthalmic division of the trigeminal nerve is affected, treatment is urgently required to prevent permanent eye damage. Under no circumstances must the medic attempt to manage these cases offshore.

**Presentation/symptoms/signs -** This is a painful condition which produces a crop of blisters across a patch of skin. The patch is related to the sensory dermatome supplied by the affected nerve root, blistering may only extend over a small area. See photos below:



Chickenpox stages

Shingles (herpes zoster)



5. Minor ailments affecting the central nervous system

5.1 Headache

**Background/cause –** First of all there are several types of headache. The most common causes of headaches are as follows:

Tension headache

**Presentation/symptoms/signs** – People often develop this type of headache due to muscular tension caused by poor posture or unconscious tightening of the muscles in the neck and or shoulders. This can be associated with anxiety or being under pressure. There are no associated symptoms with a tension headache so you can usually differentiate from a more serious cause of headache. Treatment is with simple pain killers such as Aspirin, Paracetamol or Ibuprofen. Always check your company guidelines and formulary.

Neck pain

**Presentation/symptoms/signs-** This condition is usually attributed by the patient to a trapped nerve in the cervical region. It is seldom associated with any disk abnormality but is often associated with osteoarthritic changes in the cervical spine. The pain can extend from the back of the neck to across the scapula, down the arm and fingers and down the shoulder.

The area affected is related to the level of the nerve root affected. For example, C1 and C2 will give rise to neck and occipital pain; C5 to pain over the deltoid muscle.

Infections

**Presentation/symptoms/signs** – These are either generalised, eg influenza or localised eg acute sinusitis. (See also section 6.2)

Migraine

**Presentation/symptoms/signs –** The symptoms of classical migraine are unmistakable, especially to the sufferer. The migraine presents with a one sided headache, with nausea and/or vomiting and photophobia. By definition the condition is recurrent and can be disabling. Anyone who is experienced in dealing with their condition will have learned the best course of action for themselves. Migraine can return unannounced many years later even after a long absence.

**Management/treatment of a headache –** The medic should take a good history from the patient or crewmember and get the story right from the beginning. You should also ask specifically about:

* Working conditions
* Tools and materials used
* Exposure to fumes and vapours
* Poor lighting conditions
* Cramped working conditions
* Malaise and fever
* The nature of the pain and its periodicity
* Establish exactly where the headache is located
* Enquire about any past medical history
* Make a thorough general examination
* Ask about family history
* Ask about medications

Remember the headache may result from referred pain from other conditions. For example a dental abscess, an ear infection or sinusitis.

Treat the symptoms and use simple pain killers such as Ibuprofen, Paracetamol and Aspirin

Points to remember:

Insomnia

**Background/cause –** A very common complaint offshore, due to:

* Change in the daily routine from home to the work place
* Shift changed, very common on drilling rigs to change from 12-12 days to 12-12 nights
* Communal bedrooms, not so much the case offshore these days, but the location could be noisy
* Noise in general, smells, atmosphere

Less commonly due to:

* An underlying physical or psychological disorder
* Acute alcohol withdrawal
* Illicit drug use
* Anxiety/depression

**Management/treatment** – Advice and reassurance is usually all that is required. Night sedation is not advised because of the adverse effects on mental performance the next day (remember personnel in positions of importance, drillers, machine operators, pilots, crane operators etc). There is also the possible scenario of a major incident or abandonment operation whereby everyone is required to be fully alert and mustered at their action/emergency stations. Some companies allow the medic to prescribe mild sleeping aids, whereas others prefer the medic to consult Topside as a matter of course.

Zopiclone 7.5mg 1-2 tablets thirty minutes prior to switching the light off is recommended, always advise the patient to take the medication with a glass of water.

6. Minor ailments affecting the ear, nose and throat

6.1 Disorders of the ear

With all of the following ear problems you should take a history as you would for any other ailment, however you must then remember to ask about:

* Has your patient suffered from any earache
* Do they suffer from any degree of deafness
* Is there any discharge from the ear/ears
* Do they have Vertigo
* Are they suffering from Tinnitus

You then need to make an examination of both ears, good side first.

Examination externally:

* Check the associated skin
* Feel the Lymph nodes
* Check the external ear and mastoid process

Examination internally:

* Examine the ear canal and ear drum
* Examine the mouth and teeth

To examine the ear you will require the patients consent and a suitable auriscope.



Normal eardrum Perforated eardrum

Conditions affecting the outer ear canal

Aural Wax

**Background/cause** – Wax is a natural secretion and the consistency and amount secreted varies on each individual. Wax is present as a protective sticky barrier to the inner part of the ear canal.

Temporary deafness can occur as a result of the canal being blocked by the wax. This condition is often self-inflicted due to patients attempting to remove supposed unnatural substances by poking a cotton bud or finger down into the canal, some smokers will use matches. The end result is deafness or dullness of hearing due to the wax being pushed against the ear drum. This behaviour can also scratch the lining of the canal or perforate the drum. Impacted wax will swell when it comes into contact with water and this is usually the case when swimming, especially under water. Diving to the bottom of a swimming pool can induce otic barotrauma which in turn can lead to temporary hearing loss.

**Management/treatment –** A proprietary wax softening agent such as OTEX or WAXOL used for 3-5 days is often enough to allow the wax to disperse naturally. Ear syringing is not advised due to the risks involved. If your patient is determined to have their ears syringed they must be directed towards their GP on their return home.

Localised infection (boil, furunculosis)

**Management/treatment –** Treat with painkillers and allow to resolve on its own.

Diffuse infection (otitis externa)

**Background /cause –** One or both ears can be affected when the environment is humid. Commercial divers and those living in humid climates are mostly at risk. The use of earplugs may also cause irritation or scratches which predispose otitis externa.

**Presentation/symptoms/signs -** Symptoms are often irritation and discharge. A sever episode may be very painful. Deafness may follow if the canal becomes blocked with discharge.

**Management/treatment** - Treat the condition with a combination of antibacterial/steroid eardrops in accordance with your local formulary. Give advice on the correct insertion of earplugs and for the need to replace them regularly.

Conditions affecting the middle

Eustachian tube dysfunction

**Background/cause –** The middle ear space behind the eardrum is ventilated via the eustachian tube from the nasopharynx. The space is usually closed but it opens naturally with the action of swallowing. Swelling of the lining of the upper respiratory tract, as with hayfever or infection, will impair the effectiveness of the system. Your patient will usually complain ofdullness of hearing which is distressing more than disabling. They will also be aware of crackling and a squelching sensation. Sometimes intermittent discomfort will arise as a result of the ear drum being drawn into the middle ear cavity.

**Diagnosis –** Examination will reveal a dull drum with absent light reflex, there will be no movement of the drum when the patient is requested to swallow.

**Management –** Treatment is not required, inform the patient what is happening and why, and try to allay their worries by explaining that as the catarrh dries, so the symptoms will disappear.

Otitis media

**Background/cause –** Infection (viral or bacterial) via the Eustachian Tube.

**Presentation/symptoms/signs -** The middle ear cavity fills with mucus and pus. Pain then develops as the ear drum is stretched by the contents of the middle ear cavity. The patient will then complain of some hearing loss. Sometimes the eardrum ruptures, at which point the pain disappears, and the mucopurulent contents appear in the outer ear canal.

**Diagnosis –** On examination with an auriscope you will see a red bulging ear drum. If perforation has occurred and the canal is not completely obscured by discharge the perforation (usually central) can be observed.



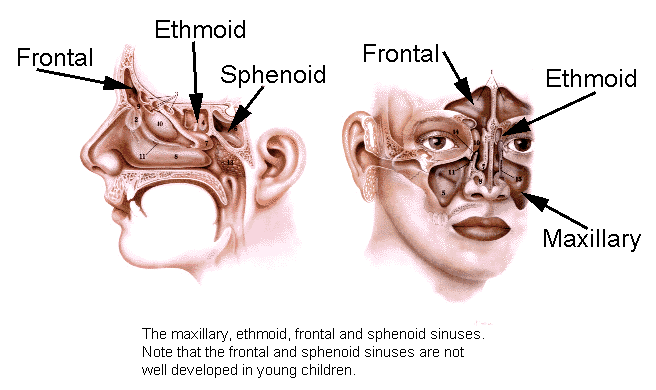
Example of a bulging eardrum

**Management/treatment –** This condition should be managed by Pain relief and a broad spectrum antibiotic on the advice of your Topside Doctor. If the patient is a diver, whether they are commercial or recreational, they should be advised to refrain from diving until the condition is cleared.

6.2 Conditions of the nose

Sinusitis

**Background/cause –** The sinuses are air filled spaces in the skull which reduce the weight of the head. They normally drain into the nasal cavity however this may be blocked when the mucosal lining of the nose becomes blocked by a viral infection. Patients can also get a secondary bacterial invasion.



Helicopter and aircraft travel may be very uncomfortable because of barometric pressure changes. If and when your patient is required to fly you can provide them with a decongestant. Remember to warn them about the associated sedative properties of these drugs.

**Presentation/symptoms/signs –** Clinical features present as tenderness over the inflamed sinus, a blocked nose sometimes with a mucopurulent nasal discharge. With an infected maxillary sinus, which is the commonest type, pain can also be felt in the teeth and upper jaw.

**Management/treatment –** Pain relief, steam inhalations and if there is a secondary bacterial infection then your patient will require a broad spectrum antibiotic after consultation with Topside.

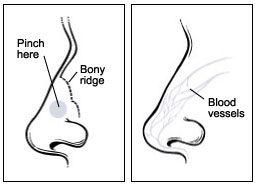
Epistaxis (nosebleed)

**Background/cause –** This may be due to an enlarged, fragile vein in the nasal cavity or by trauma.

**Management/treatment –** Apply firm and even pressure to the anterior nasal septum also known as ‘little’s area’ by pinching the soft end of the interseptal cartilage in the nose for approx 5 minutes. This is usually sufficient time to arrest the blood flow.

Then sit the patient down, with head bent well forward, provide a bowl for the patient to spit into as this will prevent them from swallowing blood and reduce the chance of vomiting.

If simple first aid measures fail, or if bleeding is recurrent, specialist help is indicated so contact your Topside Doctor at the earliest opportunity.



See diagram on the right which shows

where to apply pressure.

Sore throat

**Background/cause** – An extremely common complaint, the cause almost always being viral as bacterial infection is quite rare. This condition can be made worse where the air is dry, typically in areas of air conditioning, which is in all accommodation on board rigs, platforms and vessels.

**Presentation/symptoms/signs** – If the condition is viral in origin and can be associated with other indicators of a general condition such as malaise, headache, and aching joints.

* Acute tonsillitis – Assumed to be due to Streptococcus, leads to constitutional symptoms as above, great discomfort in swallowing or talking.
* Tonsillitis - is associated with red swollen tonsils covered with white exudate and the patient’s breath smells foul.
* Laryngitis - causes hoarseness of the voice and discomfort is felt around the larynx.
* Pharyngitis – Causes throat discomfort at the back of the mouth, patients often describe mild general symptoms, the throat often appears normal.

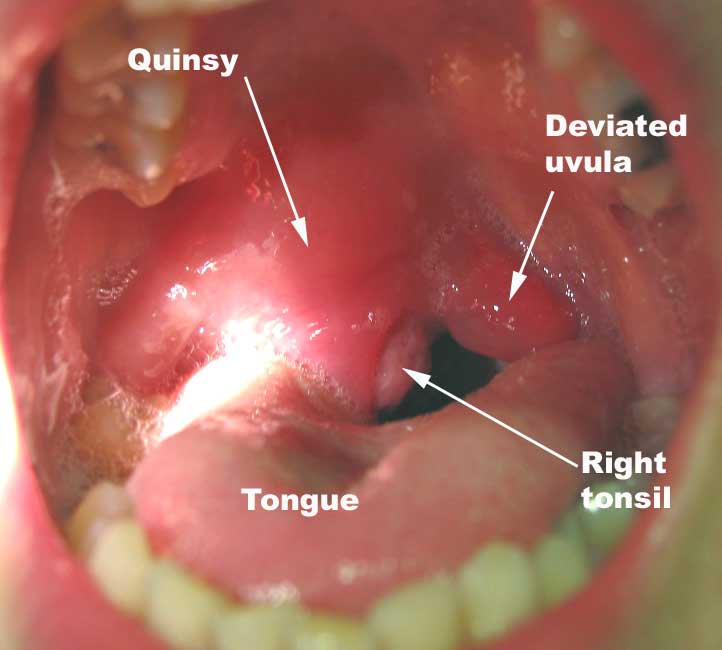
**Diagnosis** – Assume the cause is viral unless there is convincing evidence of bacterial infection such as pus and a high temperature.

**Management/ treatment –** Gargle with soluble aspirin, hot drinks soothe the throat, throat lozenges with some anaesthetic qualities are often helpful in more severe cases.

Do not use antibiotics unless the condition is not settling with these simple measures and you have discussed the case with your Topside cover.

Remember glandular fever is common in teenagers and young adults

See photographs below (a tonsillitis): and (b Quinsy):



1. (b)

6.3 The common cold, upper respiratory tract infection

**Background/cause –** The average individual suffers from a common cold twice a year. This type of condition can be contracted anywhere in the world. The climatic conditions have no bearing in the likelihood of anyone catching a cold. The common cold spreads rapidly by droplet infection.

**Presentation/symptoms/signs –** Symptoms are familiar to all and are predominantly a running, sore, nasal, sneezing or blocked nose.

**Diagnosis –** This is always made on clinical grounds.

**Management/treatment – ‘There is no cure’** Treat the symptoms if they are disabling. Most people seem to prefer proprietary “anti-flu” medicines which combine a pain killer, decongestant and an antitussive in a hot drink rather than taking all medicines separately. Remember, do not give any of these types of medication with Paracetamol as the risk of Paracetamol poisoning is very real.

*Key Points to consider*

* *90% of the clinical workload offshore is taken up with minor ailments*
* *When in doubt, refer the case to your Topside Doctor, whose approval is required before you can administer many of the minor therapeutic agents. Refer to your standing orders for more guidance on this matter.*
* *It is mandatory to monitor the patient’s response to treatment.*

*Any deviation from the expected response demands re-evaluation and referral if necessary.*

* *Full clinical records must be kept of all consultations/treatments and episodes*
* *Many major ailments start off as minor ailments*