

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.

Question A: List 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 (Alimentary Tract)

Dry, Chapped Lips

Cause / 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 lip salve.

Mouth Ulcers

Cause / Background

Unknown

Presentation / Signs & Symptoms

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 / 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.

Candida

Cause / Background

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.

Bad Breath (Halitosis)

Cause / Background

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 advice 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.

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 / Background

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 / Signs & Symptoms

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.

Constipation

Cause / Background

Regular bowel 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.

Management / Treatment

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 presents 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.

Plenty of oral fluids, education regarding diet and mild aperients if required unless otherwise contraindicated.

3. Ano-Rectal Disorders

Itching

Cause / Background

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 of 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.

Haemorrhoids

Cause / Background

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 / Signs & Symptoms

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. 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.

Management / Treatment

Application of a proprietary preparation each time the bowels open.

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

Perianal Haematoma

Cause / Background

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.

Anal Fissure

Cause / Background

Secondary to constipation.

Presentation / Signs & Symptoms

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. Skin Disorders

Skin Irritation

Cause / Background

Skin irritation is 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.

Management / Treatment

- 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)

Common Rashes

Scabies

Cause / Background

This 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.

Presentation / Signs & 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.

Management / Treatment

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

Cause / 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 / Signs & Symptoms

Small, raised, scaly patches that usually range in size up to 1.5cm. Most people get many patches on their chest, back, tummy, neck, upper arms and upper thighs. The face is not usually affected. The rash is not painful, but it can be itchy.

In light-skinned people the patches are usually a pinkish-red. In dark-skinned people the patches can sometimes be grey, dark brown or black.

Management / Treatment

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

Urticaria

Cause / Background

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.

Presentation / Signs & Symptoms

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.

Note: 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

Cause / 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 / Signs & Symptoms

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

Cause / 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 skin's 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 / Signs & Symptoms

There are two common presentations; Plaque psoriasis and Scalp psoriasis.

Plaque - 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 - 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.

Management / 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

Cause / Background

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

Presentation / Signs & Symptoms

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.

Fungal Infections of the Skin

Tinea Pedis

Cause / 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 / Signs & Symptoms

Itching and discomfort between the toes associated with cracking and maceration of the skin, sometimes associated with an unpleasant foot odour.

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

Tinea Cruris

Presentation / Signs & Symptoms

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.

Management / Treatment

Treat as for athlete's foot.

Pityriasis versicolor

Cause / Background

Caused by a yeast (*Pityrasporum Orbicularis*)

Presentation / Signs & Symptoms

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 (Selsun) 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.

Bacterial Infections of the Skin

Folliculitis

Cause / Background

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 / Signs & Symptoms

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.

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

Cause / Background

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.

Note: 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 / Signs & Symptoms

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

Cause / Background

A spreading bacterial infection of the superficial layers of the skin, invasion occurs through a break in the skin's surface protective layer.

Presentation / Signs & Symptoms

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.

Viral Infections of the Skin

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

Cause / Background

Warts are caused by the papilloma virus which is low grade and spread through human contact.

Presentation / Signs & Symptoms

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.

Herpes simplex

Cause / Background

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 / Signs & Symptoms

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.

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)

Cause / Background

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.

Note: 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 / Signs & Symptoms

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.

5. Problems Affecting the CNS

Headaches

There are several types of headaches. The most common causes of headaches are as follows:

Tension Headache

Presentation / Signs & Symptoms

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 / Signs & Symptoms

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 / Signs & Symptoms

These are either generalised, eg influenza or localised eg acute sinusitis.

Migraine

Presentation / Signs & Symptoms

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 headaches

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.

Note: Blood pressure is a measurement and not a disease, therefore it is not the cause of the headache but the cause of the headache may have also caused the rise in the blood pressure. The blood pressure could also be raised for a completely different

Note: In cases where the headache is persistent and associated with nausea, a stiff neck, vomiting, fever, disturbed vision and clouding of consciousness contact Topside ASAP. These symptoms could point to something much more serious, such as meningitis.

Insomnia

Cause / Background

A very common complaint offshore, due to:

- Change in the daily routine from home to the work place
- Shift changes, 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. ENT Problems Offshore

Ears – Outer 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.

Aural Wax

Cause / Background

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)

Cause / Background

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 / Signs & Symptoms

Symptoms are often irritation and discharge. A severe 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.

Ears – Middle Ear

Eustachian tube dysfunction

Cause / Background

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 of dullness 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.

Presentation / Signs & Symptoms

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

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

Cause / Background

Infection (viral or bacterial) via the Eustachian Tube.

Presentation / Signs & Symptoms

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.

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.

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.

Nose

Sinusitis

Cause / Background

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 / Signs & Symptoms

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)

Cause / Background

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.

Throat

Sore Throat

Cause / Background

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 / Signs & Symptoms

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.

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.

Note: Remember glandular fever is common in teenagers and young adults

Common cold, Upper Respiratory Tract Infections

Cause / Background

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 / Signs & Symptoms

Symptoms are familiar to all and are predominantly a running, sore, nasal, sneezing or blocked nose.

Management / Treatment

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:

- 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

Answers:

Question A: Upper respiratory tract infections (URTI) are the most common ailment. About 90% of your clinical workload will be taken up by minor ailments.