

Medical contraindications to air travel

A guide for GPs

Summary of contraindications

Anaemia	If haemoglobin is less than 7.5g/dl
Cardiac failure	If uncontrolled
Cerebral infarction	Until convalescence is completed
Contagion	(and communicable diseases) Until non-infectious
DVT	(acute) Until stabilised by anticoagulant with resolution of the clot
Fractures	(unstable or untreated) Up to 48 hours after application of plaster case – unless it is bivalved
Haemorrhage	If recent and gastrointestinal
Jaw	(fractured with fixed wire) Unless passenger has an escort with wire cutters or self quick-release mechanism
Myocardial infarction	Until 14–21 days afterwards and once normal activities have been resumed
Operations	Depending on the nature of the surgery normally within 5–14 days (but after procedures for retinal detachment that involve intraocular injection of gas may be up to 6 weeks)
Otitis media	(with loss of Eustachian tube function) Until condition has resolved
Pneumothorax	(suspected or confirmed) Until 2–3 weeks after successful drainage
Pregnancy	Beyond the 36th week of gestation, 32nd week for multiple gestation
Psychiatry	Passengers whose behaviour is unpredictable, aggressive or may disrupt the flight or endanger other passengers
Respiratory disease	With marked breathlessness at rest, for example, severe COPD
Sickling crisis	(recent) Until 10 days after
Sinusitis	(severe) Until the condition has resolved
Any conditions...	that may be exacerbated by the flight environment, for example, major vascular disease, congenital heart disease, lung cysts and bullae, pulmonary hypertension, cystic fibrosis
Unstable conditions...	that have a risk of deterioration prejudicial to the passenger or the flight, for example, unstable angina, uncontrolled arrhythmias, labile severe asthma, unstable diabetes, rapidly progressive renal or liver failure, poorly controlled epilepsy (delay travel until 24 hours after a grand mal fit)

A passenger with a medical condition should be assessed as an individual and any complications or additional medical problems may extend the period for which they are unable to fly. If in any doubt, seek advice from the airline's medical department.

Additional considerations

In flight, blood oxygen saturation level is reduced by 10 per cent – if someone is unable to walk more than 50 metres without getting breathless, they will probably be unable to tolerate the relative hypoxia.

In flight, trapped gas will expand in volume by 30 per cent endangering the ear drum if the Eustachian tubes are blocked or stretching suture lines after recent abdominal surgery.

Medical clearance is required when:

- fitness to travel is in doubt as a result of recent illness, hospitalisation, injury, surgery or instability of an acute or chronic medical condition
- special services are required, for example, oxygen, stretcher or authority to carry or use accompanying medical equipment

A medical information form (MEDIF), available from airlines or travel agents, should be filled in by patient and doctor.

All passengers should hand carry lifeline medication and have adequate travel health insurance.

To prevent DVT all passengers should exercise calf muscles when seated and move around as much as possible. Those vulnerable to DVT (for example, with clotting disorders, recent surgery or trauma, certain types of malignancy) should consider the use of compression stockings or anticoagulants.

For further information on contraindications to air travel contact

The Aviation Health Institute (AHI), 8 King Edward Street, Oxford OX1 4HL. Telephone: 01865 739681, Fax: 01865 726583
Email: aviationhealth.institute@tesco.net Website: www.aviation-health.org

Or for British Airways passengers

Passenger Medical Clearance Unit, British Airways Health Services, Waterside (HMAG), PO Box 365, Harmondsworth, UB7 0GB. Telephone: 020 8738 5444, Fax: 020 8737 9644

Compiled by Dr Alistair Moulds with reference to: 1 *Contraindications to Air Travel: Guide for GPs* – The Aviation Health Institute; 2 *British Airways Health Services – Your Patient and Air Travel – A Guide to Physicians*