

Research study: Skin Bend Image and Information Bank

Information for Participants

London Hyperbaric Medicine (LHM), the recompression chamber at Whipps Cross Hospital, would like to invite you to be part of this research project.

You should only agree to take part if you want to and it is entirely up to you. If you choose not to take part there won't be any disadvantages for you and choosing not to take part will not affect your access to treatment or services in any way. Please read the following information carefully before you decide to take part; this will tell you why the research is being done and what you will be asked to do if you take part. Please ask if there is anything that is not clear or if you would like more information. If you decide to take part you will be asked to sign the attached form to say that you agree. You are still free to withdraw at any time and without giving a reason.

Details of study:

There are many reasons for rashes after diving, but sometimes these are due to decompression illness. (The Bends) We at LHM would like to collect anonymous images and information on rashes that occur up to 72 hrs after diving in order to form a bank. This will be published on the LHM web site and blog (<http://www.londonhyperbaric.com/category/blog>), in a possible future Sport Diver magazine article at (<http://www.sportdiver.co.uk/>), for teaching purposes, in a medical journal and in The Anaesthesia UK Image Bank, (<http://www.frca.co.uk/imgdefault.aspx>) if accepted for publication. This will form very useful resources for doctors and divers.

Every effort will be made to ensure that you are unrecognizable from the pictures. However this cannot be absolutely guaranteed. Once the pictures are on the web site, you may request for yours to be removed at any time.

Cautions:

If you think you may have skin decompression illness, any other form of decompression illness or serious cause for a rash, then contact the Divers Emergency Service immediately on:

+44 (0)7 999 292 999

In order to help maintain your safety and confidentiality, the images will not be free for all to use. LHM will need to hold the copyright to the images, but will not use the images in any other fashion without express prior consent from you.

We hope these conditions are acceptable. If so, please follow the directions on the next page.

The Directions

Step 1:

Please print off the forms yourself. These can be downloaded from <http://www.londonhyperbaric.com/category/blog>.

Information for Participants: Please keep for your records as it contains useful contact details.

The Consent form: Please sign; print your name and the date

The Questionnaire: Please fill in the questionnaire with as much information as possible

Step 2:

Please email the photo(s) to o.sykes@nhs.net. Highest resolution possible in Tiff format is best.

Any distinguishing features of people, faces, logos and company names will then be removed.

If possible, please include a ruler next to the rash so that it is possible to determine the size.

Step 3:

Please send the completed questionnaire and the consent form to:

Dr Oliver Sykes, Skin Bend Image and Information Bank

London Hyperbaric Medicine,

Whipps Cross University Hospital, Leytonstone, London E11 1NR

Unfortunately we cannot accept digital copies of the consent form.

If you have any further questions regarding the study, please feel free to contact Dr Oliver Sykes on 07800 555028.

Consent form

Please complete this form after you have read the Information for Participants and The Directions.

Title of Study: Skin Bend Image and Information Bank

Queen Mary Research Ethics Committee Ref: QMREC2011/50

- Thank you for considering taking part in this research. The person organizing the research must explain the project to you before you agree to take part.
- If you have any questions arising from the Information Sheet or explanation already given to you, please ask the researcher before you decide whether to join in. You will be given a copy of this Consent Form to keep and refer to at any time.
- *I understand that if I decide at any other time during the research that I no longer wish to participate in this project, I can notify the researchers involved and be withdrawn from it immediately.*

I consent to the processing of my personal information for the purposes of this research study. I understand that such information will be treated as strictly confidential and handled in accordance with the provisions of the Data Protection Act 1998.

I can also confirm that I am 16yrs or over and a qualified diver. I understand the information sheet and consent form and can confirm that the pictures sent to o.sykes@nhs.net are of myself and no one else.

If the diver is under 16yrs, then a parent or guardian must sign the statement below.

Participant/Parent/guardian Statement:

I _____ agree that the research project named above has been explained to me to my satisfaction and I agree to take part in the study. I have read both the notes written above and the Information Sheet about the project, and understand what the research study involves.

Signed:

Date:

Investigator's Statement:

I ___ Dr Oliver Sykes ___ confirm that I have carefully explained the nature, demands and any foreseeable risks of the proposed research to the volunteer

Skin Bend Image and Information Questionnaire

Name of diver.....

Age of Diver at time of dive.....Years

Date and surface time of last dive before rash first noticed.....

Date and time of rash first noticed.....

Type of computer/tables used.....

For all dives in 72hrs before the rash was first noticed: (Continue on another sheet if necessary)

1. Last dive before rash noticed:

Max depth.....

Bottom time.....

Depth and time for any deco stops.....

Depth and time for any safety stops.....

Time taken from surfacing to onset of symptoms.....

2. Second last dive before rash noticed:

Max depth.....

Bottom time.....

Depth and time for any deco stops.....

Depth and time for any safety stops.....

Time taken from surfacing to onset of symptoms.....

3. Third last dive before the rash was noticed:

Max depth.....

Bottom time.....

Depth and time for any deco stops.....

Depth and time for any safety stops.....

Time taken from surfacing to onset of symptoms.....

4. Fourth last dive before the rash was noticed:

Max depth.....

Bottom time.....

Depth and time for any deco stops.....

Depth and time for any safety stops.....

Time taken from surfacing to onset of symptoms.....

5. Fifth last dive before the rash was noticed:

Max depth.....

Bottom time.....

Depth and time for any deco stops.....

Depth and time for any safety stops.....

Time taken from surfacing to onset of symptoms.....

6. Continue on another sheet as to cover all dives in the 72hrs before the rash was noticed.

7. Did you have any of these symptoms at any stage within 72 hrs of surfacing from the last dive before the rash was noticed: (Delete incorrect answer)

Itch Yes/No

Joint Pain Yes/No

Any Muscle weakness Yes/No

Any numbness Yes/No

Any dizziness Yes/No

Any pins and needles Yes/No

Did you continue diving with the rash: Yes/No

Did you use oxygen once you noticed the rash: Yes/No

Did you seek medical advice once you noticed the rash: Yes/No

Did you receive recompression treatment for the rash: Yes/No

If you did receive recompression treatment for the rash, please indicate:

The number of treatments.....

Depth and length of each treatment

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Did you receive recompression treatment for other symptoms of DCI?: Yes/No

Have you had a Patent Foramen Ovale check?: Yes/No

If yes, have you had it closed?: Yes/No

If yes, is your PFO: small/medium/large

THANK YOU!

Thank you for adding to the first Skin bend information and Image bank. This will be a very useful resource for doctors and divers.

If you have any questions, please email: o.sykes@nhs.net and thank you very much for your time.

Please make sure you have signed the consent form and return the **signed** consent form and questionnaire to:

Dr Oliver Sykes

Skin Bend Image and Information Bank

London Hyperbaric Medicine

Whipps Cross University Hospital

Leytonstone

London

E11 1NR

Please email photos to Dr Oliver Sykes:

o.sykes@nhs.net