

# Hyperbaric Oxygen Therapy

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# Disclosure Statement

- Does not have any significant financial relationships to disclose.
- Has disclosed this activity will not include discussion of unapproved/investigational uses of products or devices.
- This activity was NOT supported by an educational grant or received in-kind support.

# Objectives

- Define hyperbaric oxygen therapy.
- Explore the mechanisms of action of HBO.
- Discuss HBO indications.
- Review potential complications of HBO.

# What is Hyperbaric Oxygen Therapy?



# Definition of HBO

A treatment in which a patient breathes 100% oxygen while inside a treatment chamber at a pressure higher than sea level pressure.

(typically  $>1.4$  ATA)



# Oxygen under pressure is used as a drug:

- Route of delivery
- Mechanism of action
- Dosage
- Indications
- Contraindications
- Side effects





# Multiplace HBO Chamber







Inside multiplace chamber



# Monoplace HBO Chamber



# Hyperbaric Oxygen Misnomers



# NOT Hyperbaric Oxygen





# Topical Oxygen is not HBO



# Low Pressure “HBO”

- Usually about 4 psi
- Equates to about 10 feet of seawater depth
- Not considered clinically significant HBO. Not indicated for any accepted treatable diagnoses.



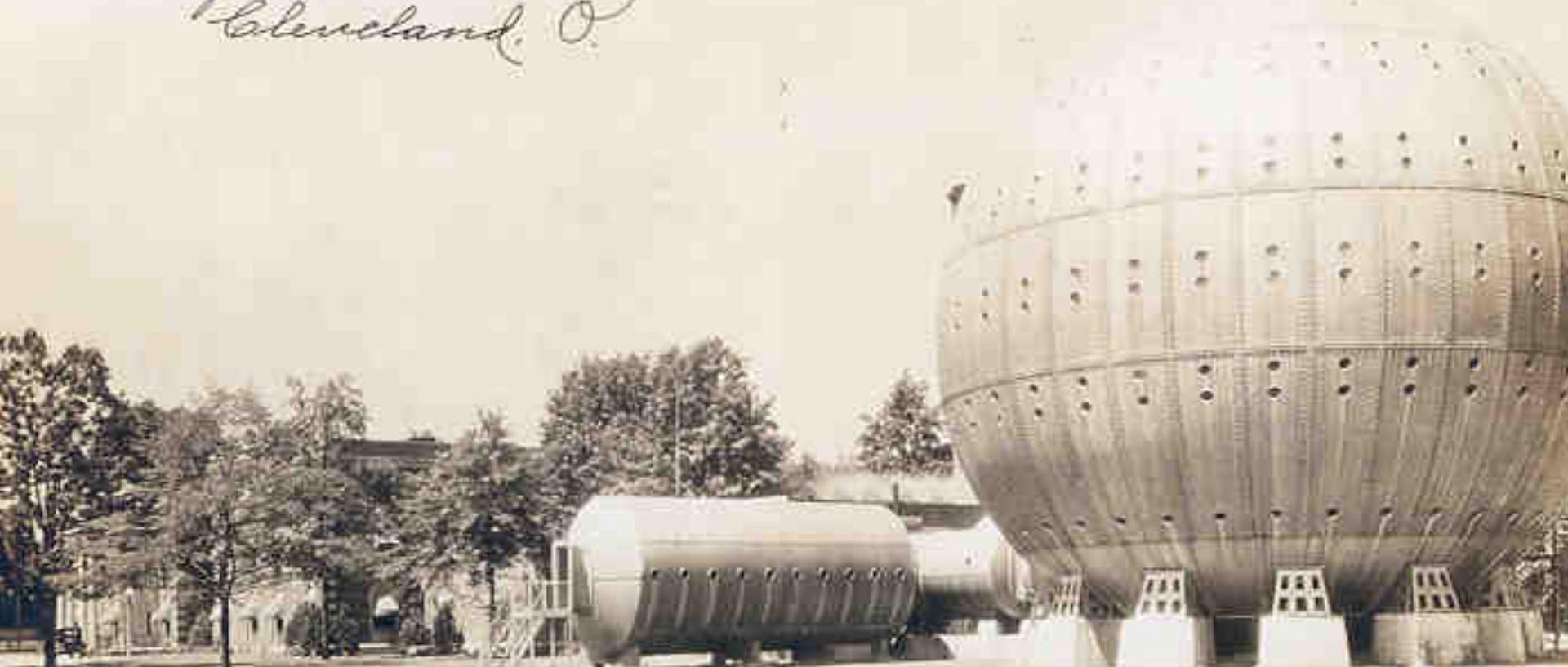
**Hines Ward**

# HBO: A History of Controversy

- Panacea
  - 1891 Corning used to treat “nervous disorders”
  - 1927 Dr. Cunningham built a pressurized hotel to treat Influenza, diabetes and cancer
  - 1980s Multiple sclerosis
  - AIDS, Lyme disease, etc...
- Previously poorly understood MOA



*Oxygen Treatment Tanks  
Cunningham Sanitarium  
Cleveland, O.*



3 Atmosphere Hyperbaric Hotel  
Cleveland, Ohio

Main Lobby  
Cunningham Sanitarium  
Cleveland O.



Recreation Room in Main Tank  
Cunningham Sanitarium  
Cleveland O.



Bedroom  
Cunningham Sanitarium  
Cleveland O.



Laboratory  
Cunningham Sanitarium  
Cleveland O.



HBO was used for everything.

Did anything actually improve  
from treatment with HBO?

Picking the right patient will lead  
to good results.



Pick the right pt:

Hypoxic wounds  
who have not  
improved with  
standard care.



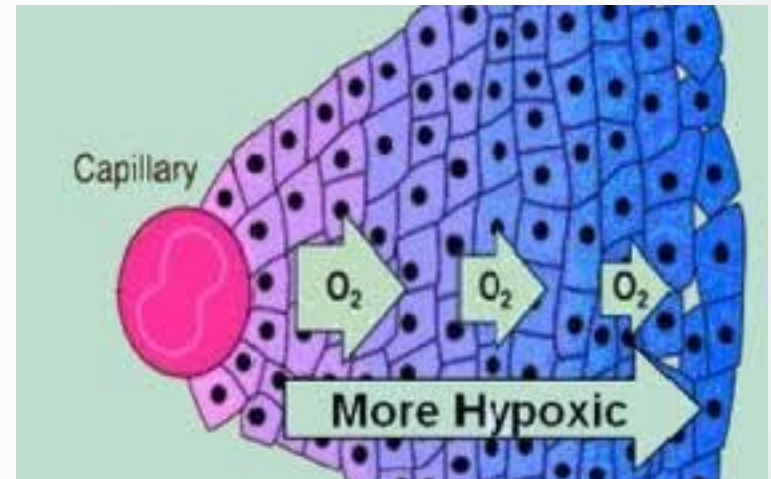
# The Diabetic Foot Ulcer

- How do we treat?
  - Debridement
  - Antibiotics
  - Wound dressings
  - Large vessel arterial bypass
  
- It's still not healing. Have we adequately addressed the hypoxia?
- What other drug can we give to help the hypoxic wound? **Hyperbaric Oxygen**

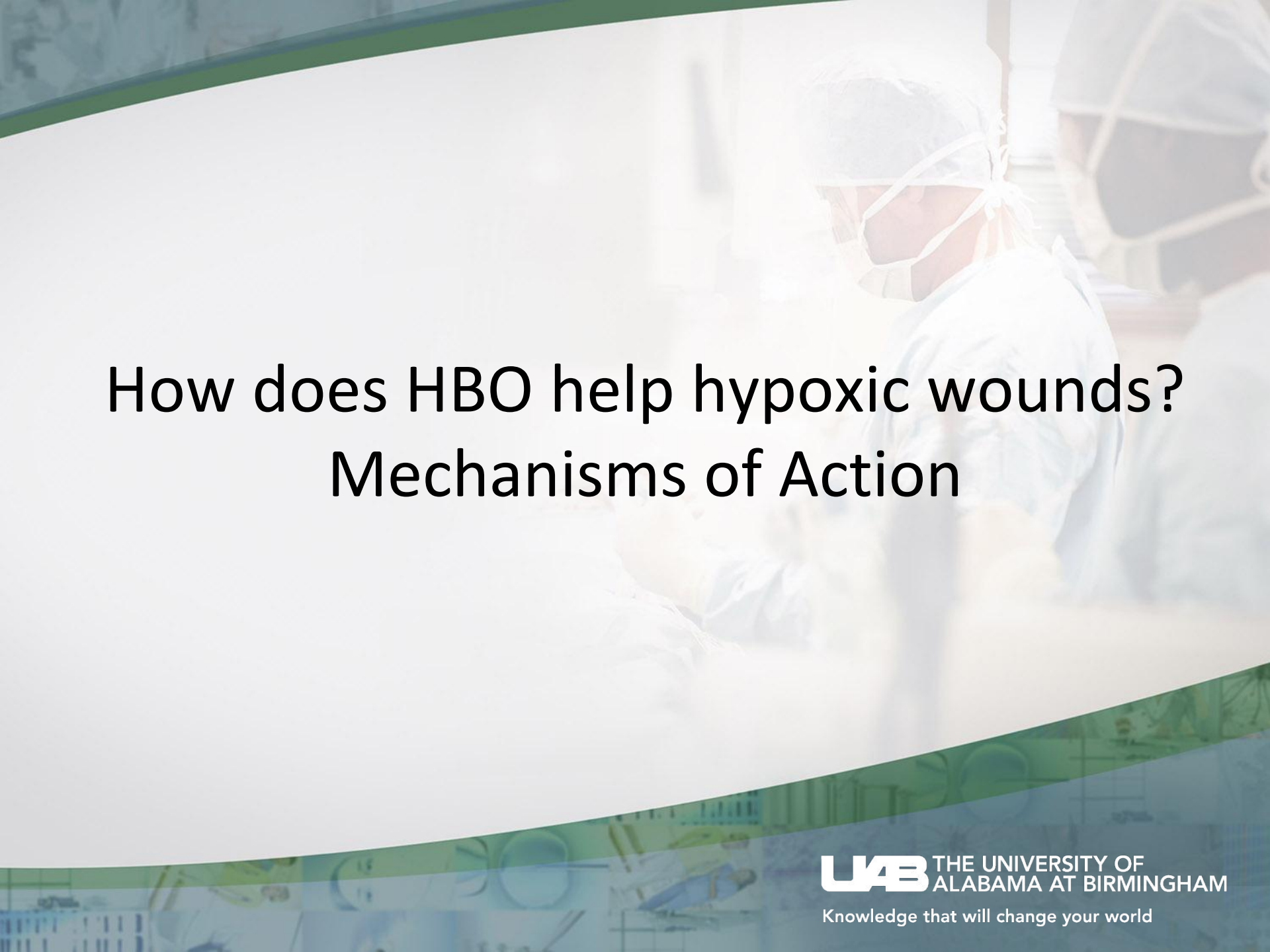


# First, what is causing the hypoxia?

- Poor blood supply/perfusion
  - Macrovascular
  - Microvascular
- Edema
- Infection
- Inflammation
- Vasoconstriction







# How does HBO help hypoxic wounds? Mechanisms of Action

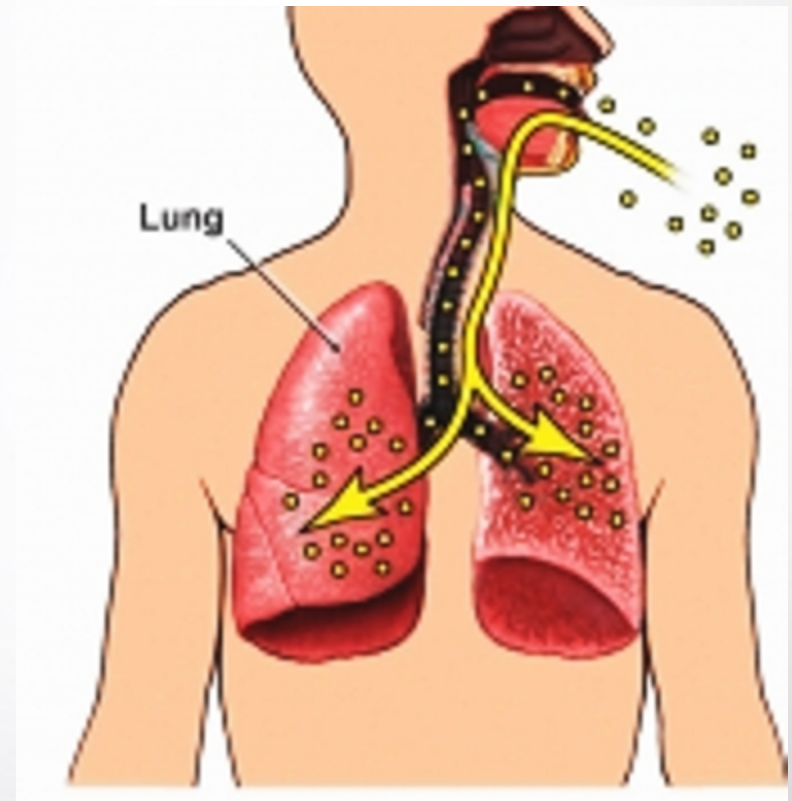
# MOA of HBO

- Reverse ischemia and hyperoxygenate tissues
- Enhanced leukocyte killing of bacteria
- Fibroblast proliferation
- Collagen production
- Angiogenesis
- Cellular signaling
- Reduce ischemia-reperfusion injury



# Route of delivery

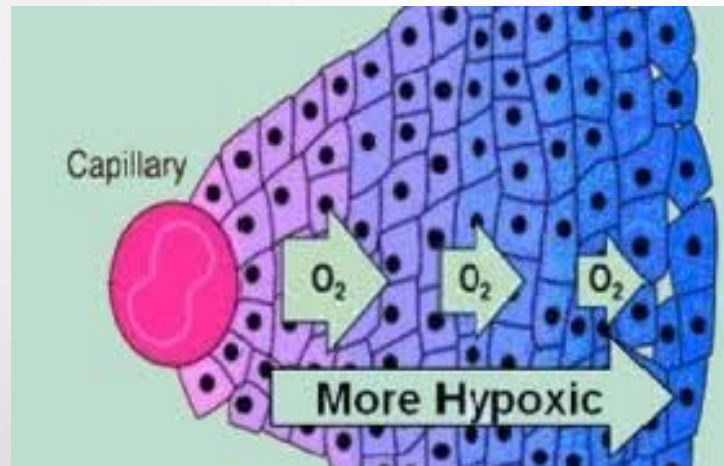
- Not Topically Absorbed.
- Oxygen needs to be Inhaled under pressure to have significant effect.



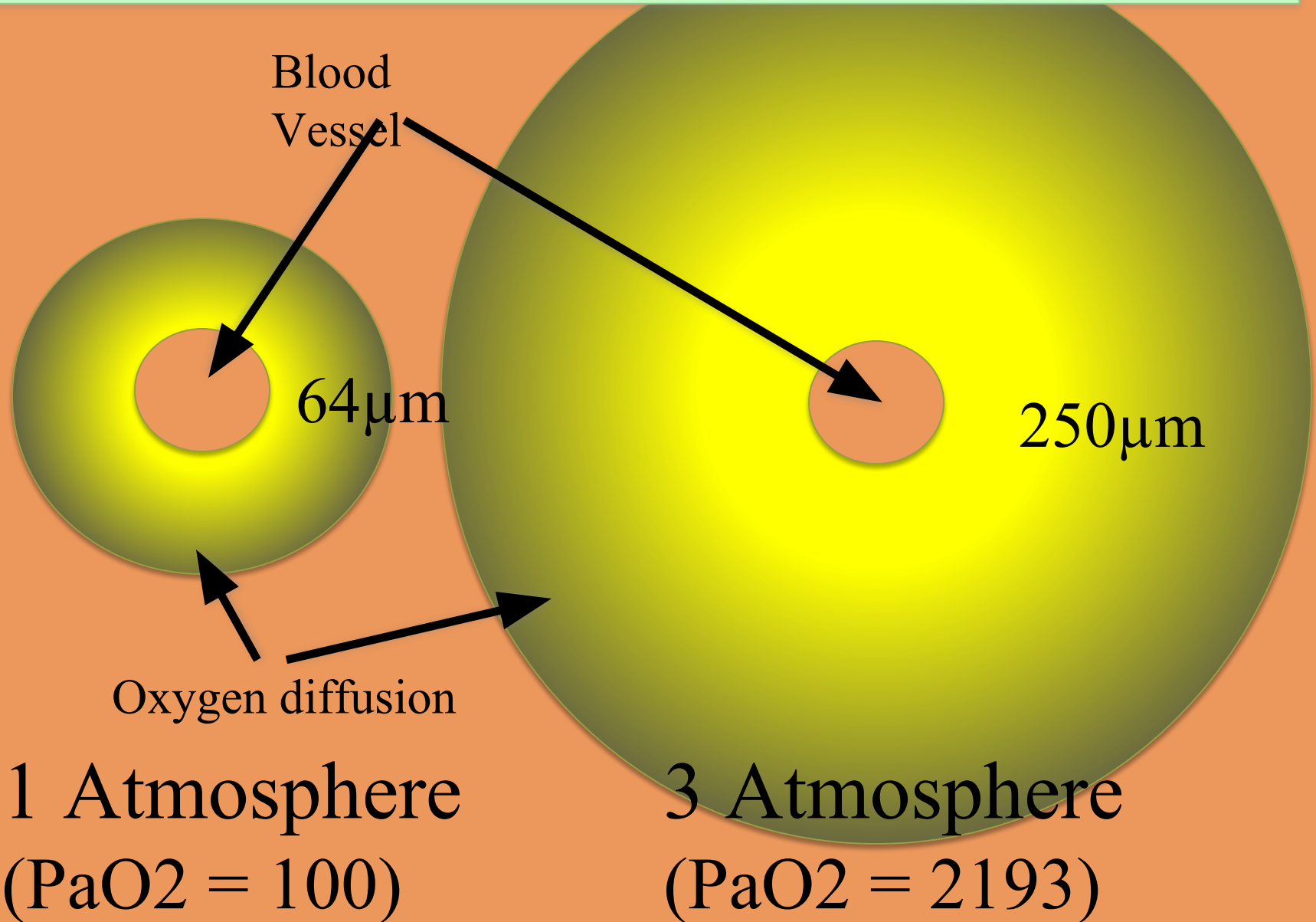


# Getting oxygen into hypoxic tissue

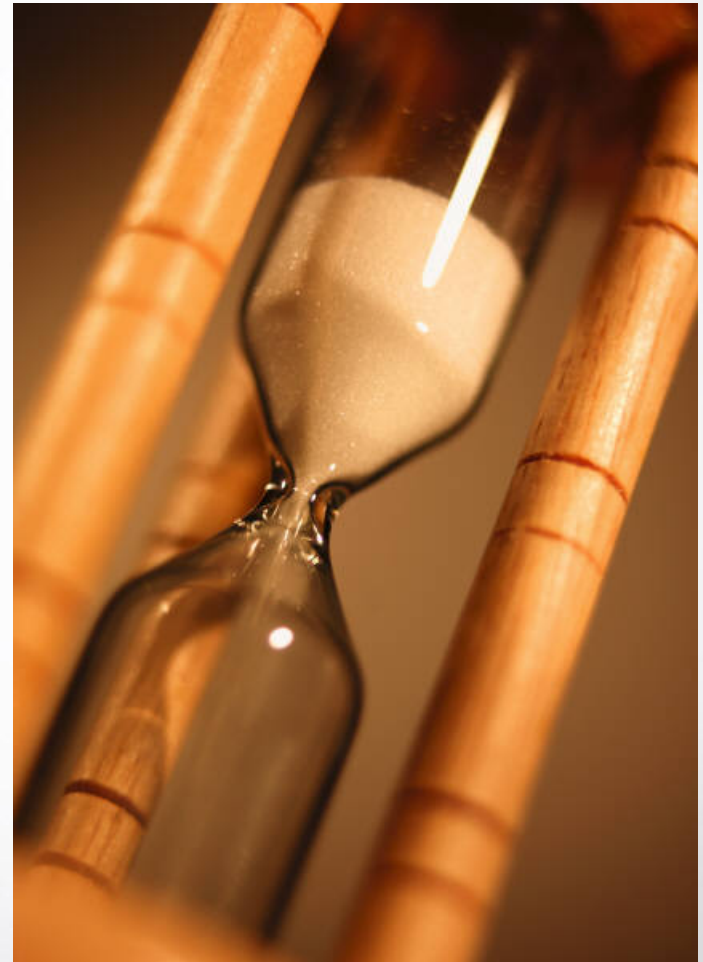
- Breathing oxygen at increased pressure
  - does not increase binding of oxygen to hemoglobin
  - Does increase concentration of dissolved oxygen in liquid portion of blood (PaO<sub>2</sub>)
- Increased concentration of oxygen leads to increase in diffusion gradient



# Comparison of oxygen tissue diffusion



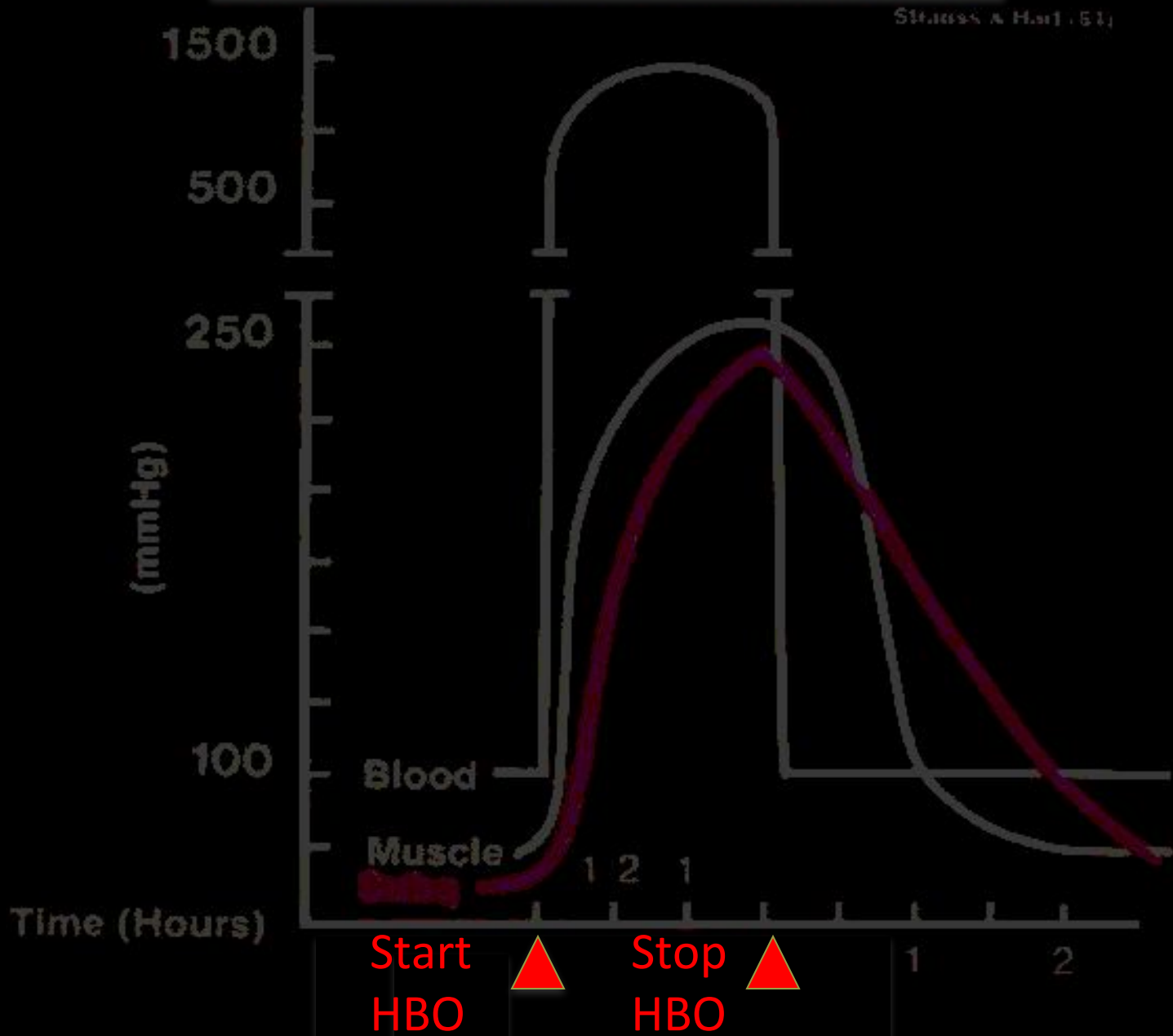
How long does the tissue stay saturated with oxygen after an HBO two hour long treatment?





# Oxygen Tension with HBO

Stratton & Hart (51)



# Tissue Oxygen Response To Hyperbaric Oxygen Therapy

## Ischemic Wound Model

2.0 ATA compression

PO<sub>2</sub> of 250 to 350mmHg attained

PO<sub>2</sub> returned to baseline in **4 hours**

Siddiqui et al. Plas Recon Surg; 99:148-55, 1997

So the hypoxic tissues get properly oxygenated for 4 to 6 hours per 24 hour period.

Does that even matter?





# MOA of HBO

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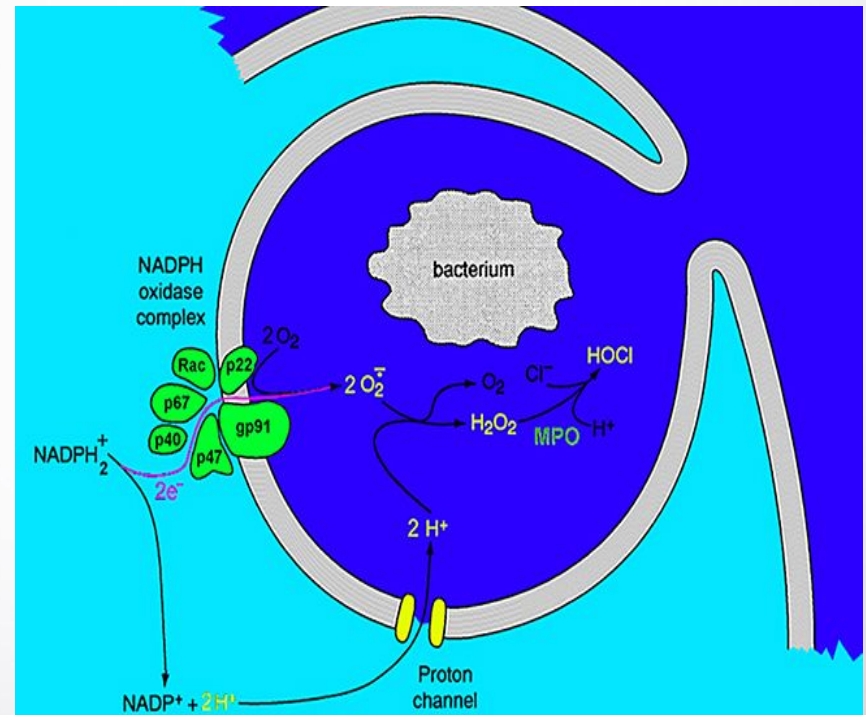
A scanning electron micrograph (SEM) showing a large, orange, textured cell (a white blood cell) engulfing several blue, rod-shaped bacteria. The bacteria are clustered together, and the white blood cell's surface is highly irregular and porous, indicating its active role in phagocytosis. The background is dark, highlighting the intricate details of the cell and bacteria.

# Leukocyte activity

A white blood cell engulfing bacteria

# Leukocyte Activity

- Bacterial killing requires oxygen to form Reactive Oxygen Species (ROS).
- Superoxide production (ROS) depends on oxygen tension.
- Leukocyte mediated bacterial killing begins to fail when the  $P_T O_2$  falls below about 30 to 40 mmHg.

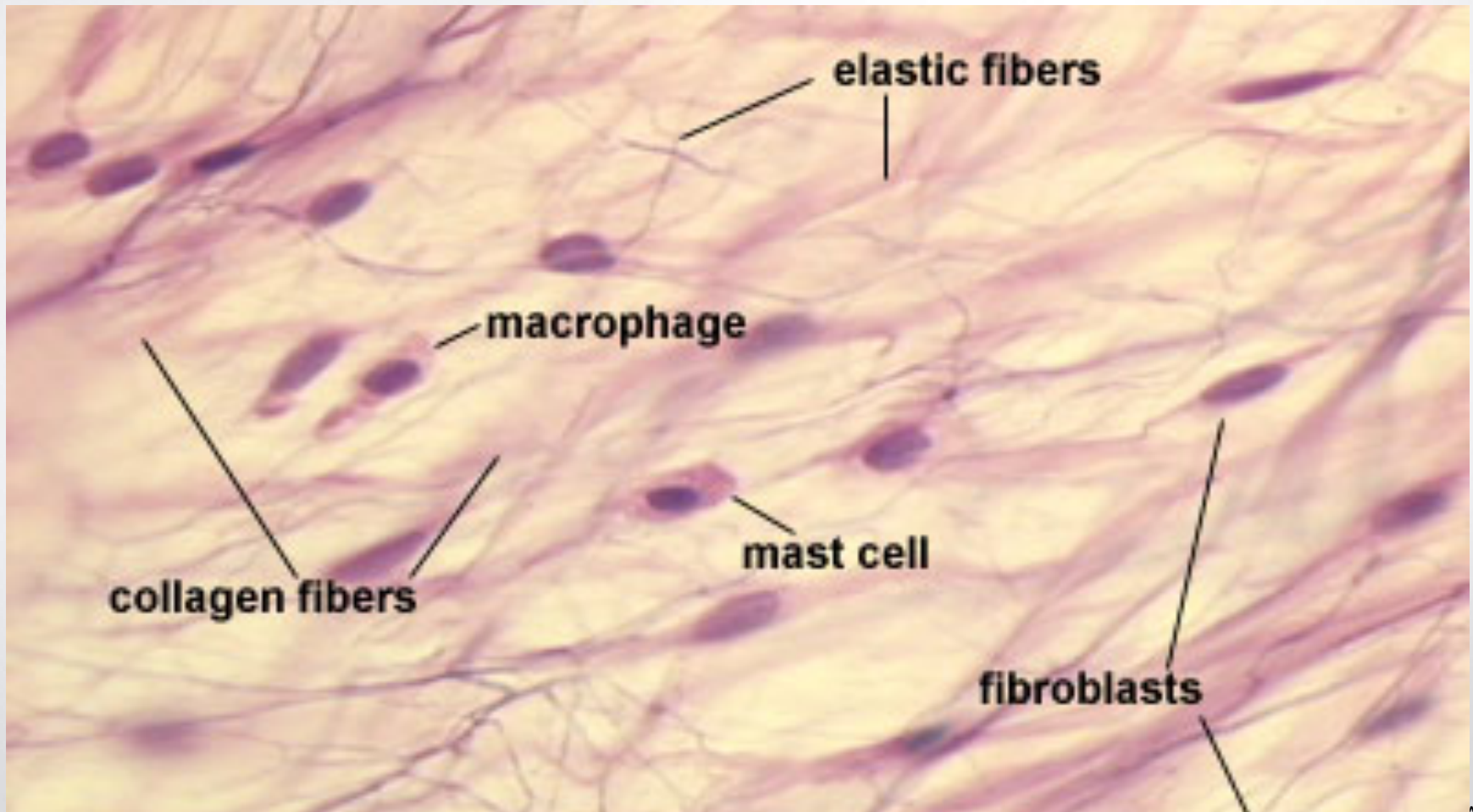


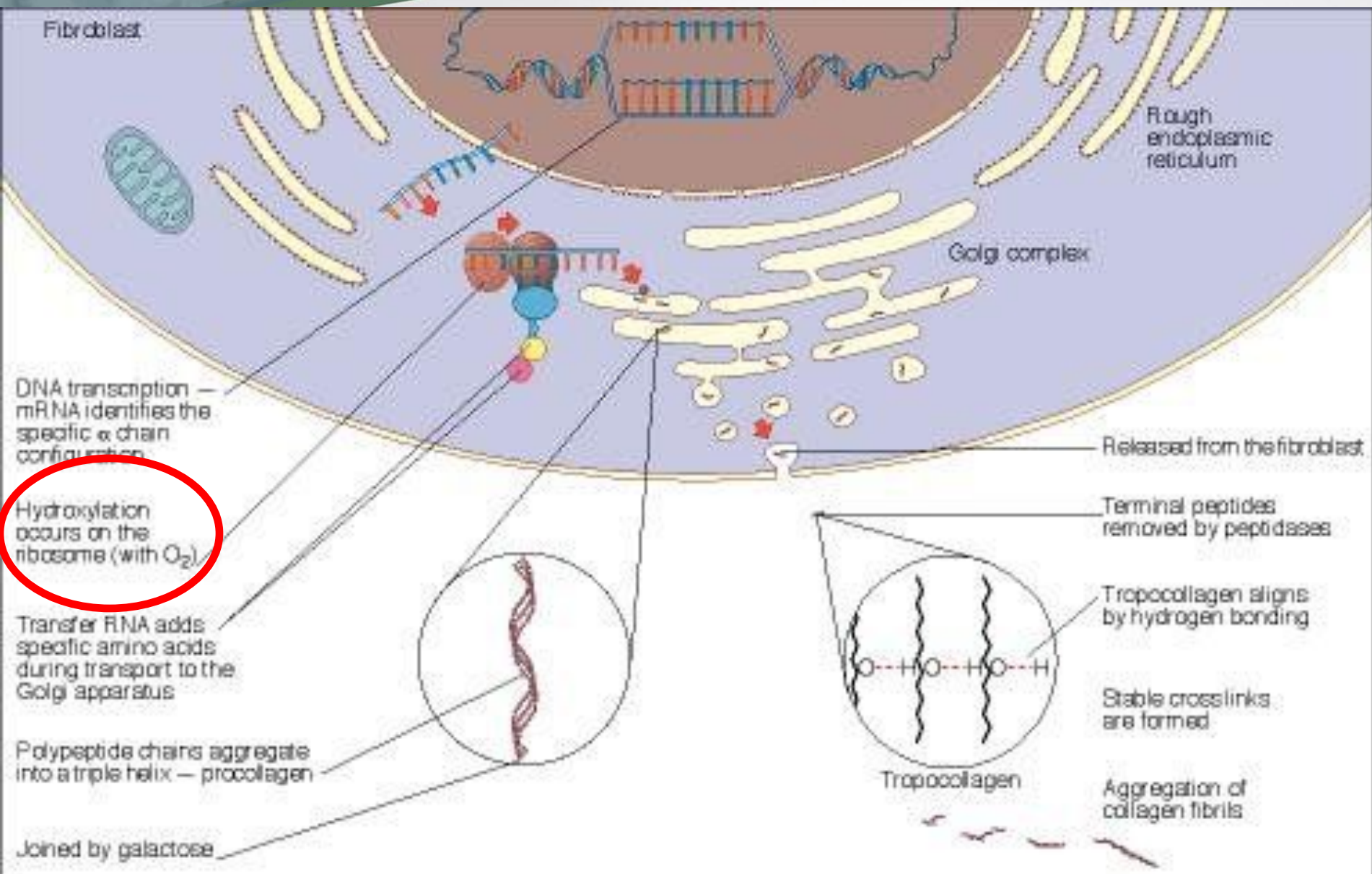
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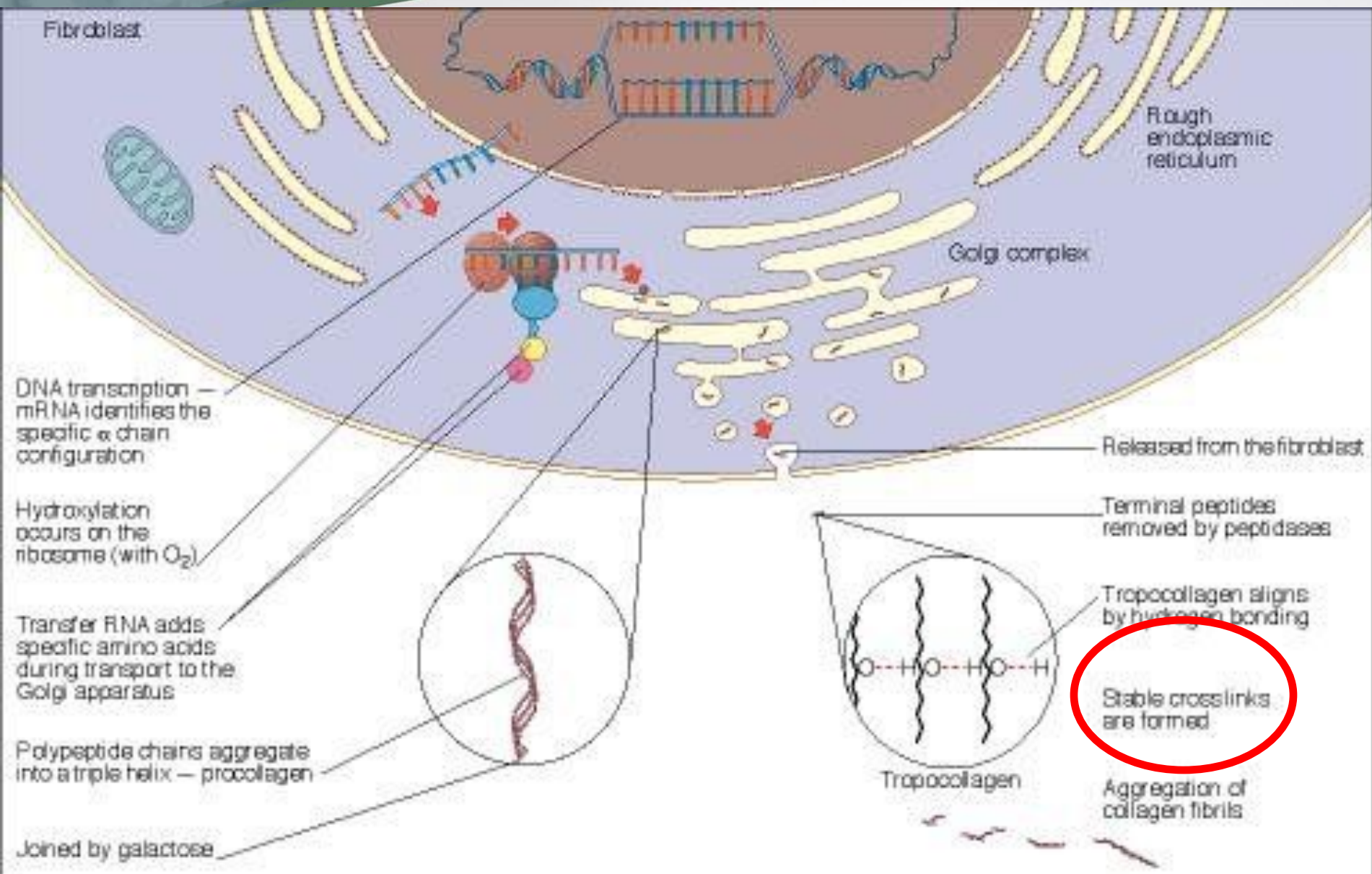


**Fibroblasts are the major producers of collagen in the repair response of an ulcer.**









# Collagen Synthesis

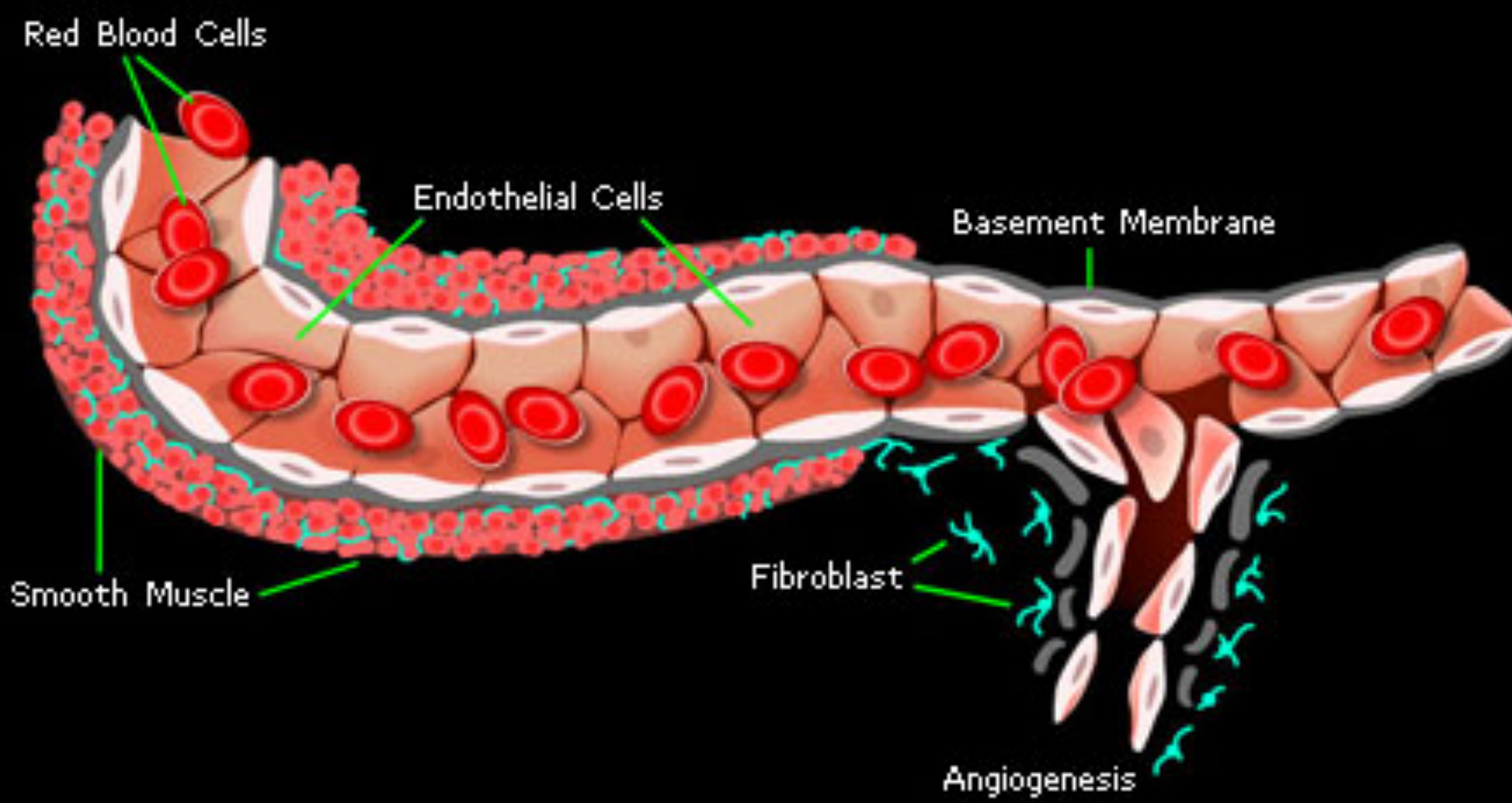
- In hypoxic tissue, oxygenation becomes the **rate-limiting factor** for collagen deposition and cross linking.
- Functional collagen cannot be produced by fibroblasts in hypoxic tissue.

Gordillo et al. Amer J Surg 2003;186; 259-263



# MOA of HBO

- Reverse ischemia and hyperoxygenate tissues
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- Collagen production
- **Angiogenesis**
- Cellular signalling
- Reduce ischemia-reperfusion injury



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# Signaling

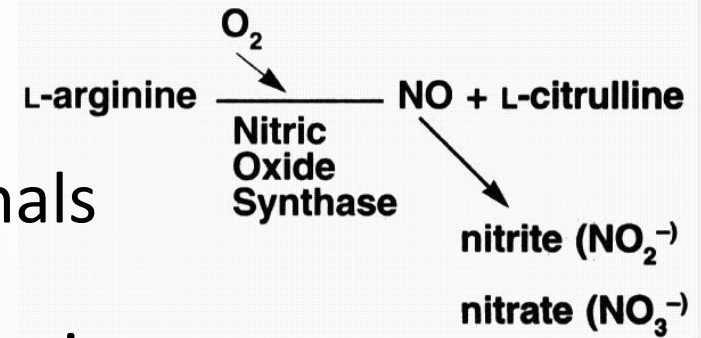
- Leukocytes aerobically produce lactate as a byproduct of their “superoxide burst.”
- Lactate  $\uparrow$  endothelial and macrophage release of VEGF and other growth factors
- HBO directly  $\uparrow$  VEGF,  $\uparrow$  HIF-1,  $\uparrow$  PDGF,  $\uparrow$  TGF-B in the wound.





# Nitric Oxide (NO)

- $O_2 + \text{L-Arginine} \rightarrow \text{NO}$
- Small, diffusible messenger - mediates biological processes, signals  $O_2$  availability, vasodilator
- NO deficit in diabetic wounds, chronic hypoxic wounds, pts on steroid therapy, smokers
- $\uparrow$ iNOS
- NO levels in wounds increase with HBO



Thom et al. J Neurobiol 51: 85-100, 2003

# Reactive Oxygen Species (ROS)

- ROS (mostly  $H_2O_2$ ) **beneficial** for wound healing
  - Secondary messenger molecules induce wound healing process, control inflammation
  - $\uparrow$  ROS  $\rightarrow$   $\uparrow$  PDGF, TGF- $\beta$ , VEGF, IGF-1, EGF
  - $\uparrow$  ROS  $\rightarrow$   $\uparrow$  NO

Sen, et al Wound Rep Reg 2003;11: 431-8

# MOA of HBO

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# Ischemia-Reperfusion Injury

- When blood vessels lose perfusion they upregulate ICAM-1 receptors along their endothelium after about 2 hours.
- When perfusion is restored, neutrophils are attracted to the ICAM-1 receptors and are activated.





# Ischemia-Reperfusion Injury

- HBO blocks adherence of neutrophils to the endothelial lining after perfusion has been restored.
- This reduces secondary inflammatory injury and neutrophil activation.



- What about oxidative stress?
- Isn't that bad?



# Oxidative Stress

- Free radicals are involved in normal physiology.
- HBO will increase free radical synthesis
  - Superoxide ( $O_2^{\cdot-}$ ) and  $H_2O_2$  enzyme sources
- **BUT – Cellular antioxidant defenses keep radicals ‘in check’ and are NADPH dependant.**

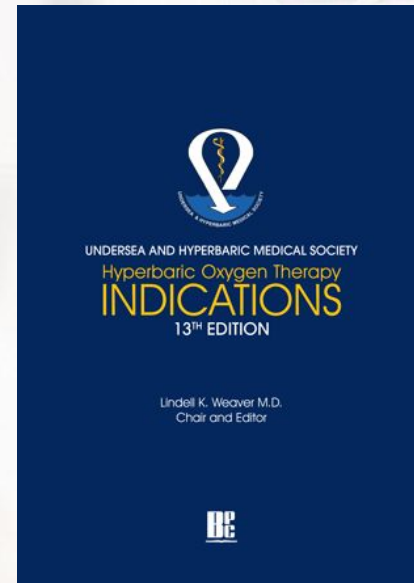
# Oxidative Stress

- HBO induces production of antioxidant defenses to combat increased ROS:
  - superoxide dysmutase (SOD)
  - catalase
  - glutathione peroxidase
  - iNOS



# HBO Indications

# HBO Indications



Hyperbaric Oxygen Therapy Indications.  
13th Edition: Published 2014 by UHMS

# Accepted Indications for HBO

1. Decompression Sickness
2. Air or Gas Embolism
3. Carbon Monoxide Poisoning
4. Clostridial Myositis (Gas Gangrene)
5. Acute Traumatic Ischemias
6. Enhancement of Healing In Selected Problem Wounds

# Accepted Indications for HBO

7. Severe Anemia
8. Intracranial Abscess
9. Necrotizing Soft Tissue Infections
10. Osteomyelitis (Refractory)
11. Delayed Radiation Injury
12. Compromised Grafts and Flaps
13. Acute Thermal Burn Injury



# Decompression Illness

- Nitrogen accumulates in the tissue and blood in proportion to the depth and length of the dive.
- Nitrogen is biologically inert.

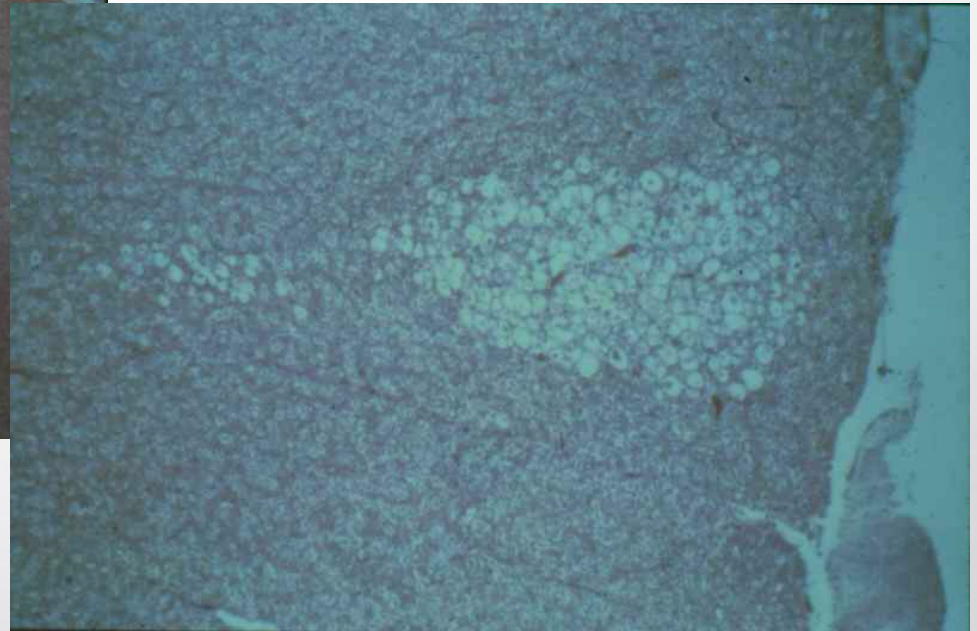


# Decompression Illness: Bubbles...

- Cause mechanical deformation of connective tissue.
- Disrupt the endothelial lining of blood vessels causing edema and inflammatory activation.
- Activates platelets, complement and leukocytes.

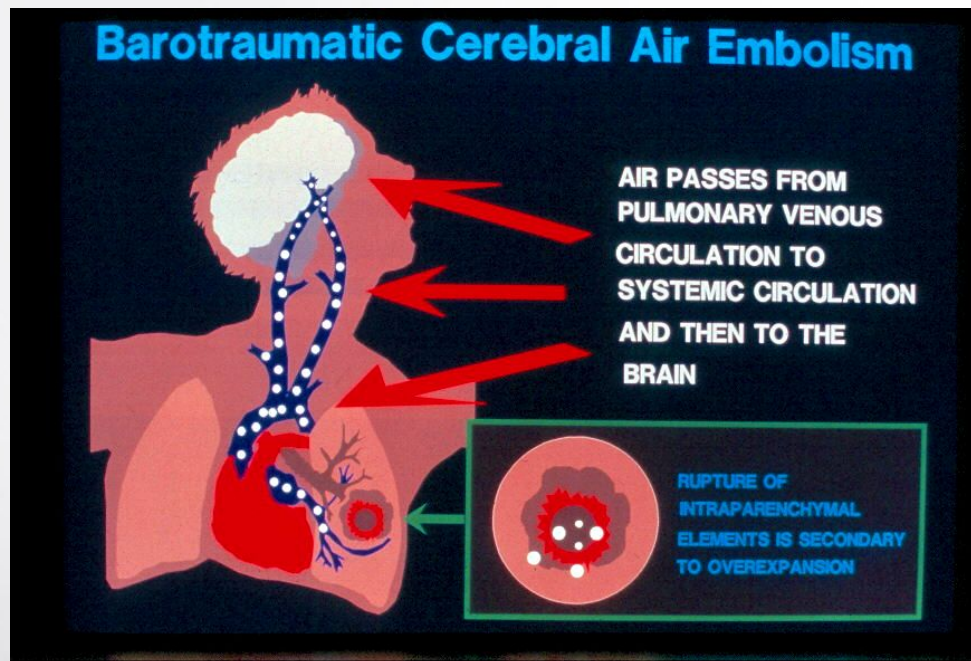


# Bubbles can initiate Brain and Spinal Cord cell death



# Arterial Gas Embolism

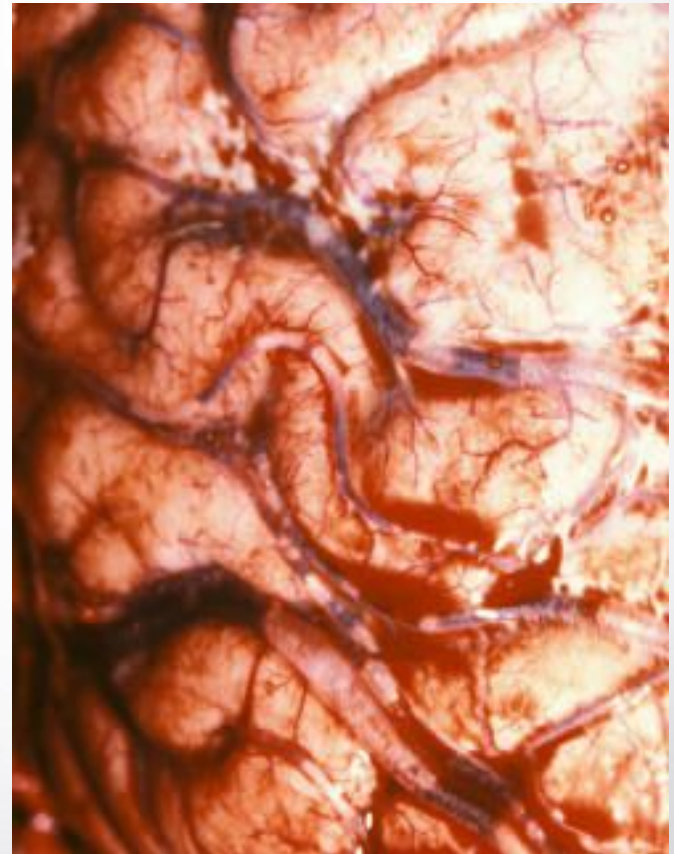
- Second leading cause of death in sport divers after drowning.
- Also a complication of medical procedures.





# Arterial Gas Embolism

- Mechanical thrombus
- Damages endothelium
  
- HBO Treatment:
  - Shrinks the bubble diameter
  - Increases off gassing of the nitrogen bubble
  - Reduced secondary inflammatory damage



# Carbon Monoxide

- Why is it bad?



# Carbon Monoxide Poisoning

- CO binds to hemoglobin with 200 fold the affinity of oxygen.
- Activates platelet adhesion molecules which stimulate secondary inflammatory injury.
- Disrupts oxidative phosphorylation - CO binds to mitochondrial hemoproteins and inhibits the electron transport chain.



# Carbon Monoxide Poisoning

- HBO immediate effect - Displaces CO off the carboxy-hemoglobin.
  - COHb Half-life room air - 320 min
  - COHb Half-life 100% O<sub>2</sub> 1ATA - 80min
  - COHb Half-life 100% O<sub>2</sub> 3ATA - **23 min**
- Delayed Effect – reduces myeloperoxidation of neural tissue. (Reduces long term brain damage)





16:40

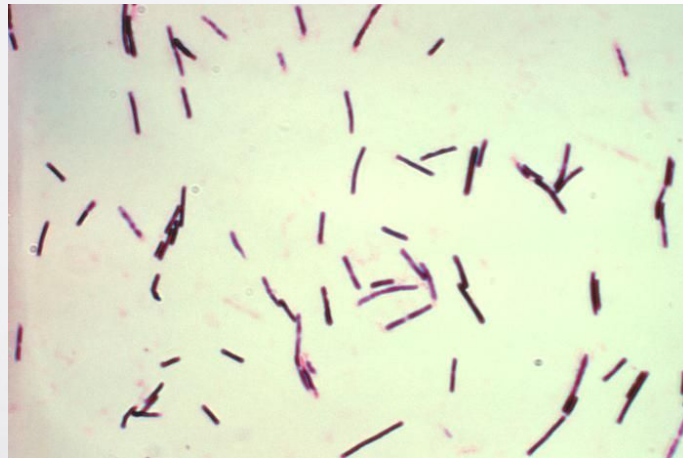
05-17-88

# Clostridial Myositis (Gas Gangrene)

- *Clostridium Perfringens* is an anaerobic gram positive rod.
- Produces  $\alpha$ -toxin, which disrupt normal cellular function.
- Primary treatment for this disease is surgical debridement and antibiotics.
- HBO is an adjuvant treatment.

# Clostridial Myositis (Gas Gangrene)

- *Clostridium Perfringens* stops replicating at PO<sub>2</sub> of 250mmHg
- Alpha Toxin is inactivated at PO<sub>2</sub> of 1500mmHg.



# Necrotizing Fasciitis

- High mortality national average ~30%
- Surgical disease
- Compromised Host (not Always)
- HBO adjunct to Surgical/Medical management
- HBO can lower mortality and amputation rates



# Enhancement of Healing In Selected Problem Wounds



# The Wagner Scale of Diabetic Foot Ulcers (DFUs)

- Grade 0: Skin intact, may be deformities
- Grade 1: Superficial ulcer
- Grade 2: Ulcer reaches tendon or bone
- Grade 3: Deeper tissue, with osteomyelitis or abscess
- Grade 4: gangrene of toe or forefoot, wet or dry, infected or not

# HBO Candidates in DFU

- Failure to improve after being in a wound program for more than 28 days
  - Debridement
  - Infection control
- Appropriate correction of large vessel disease
- Wagner Grade 3 or higher
- HBO reduces major amputations and speeds wound closure.



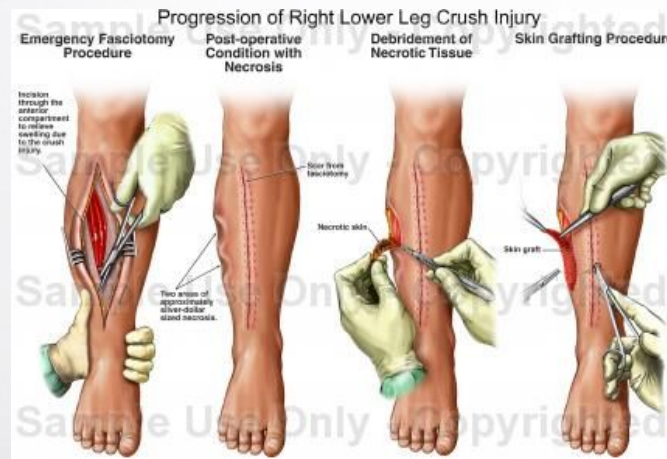
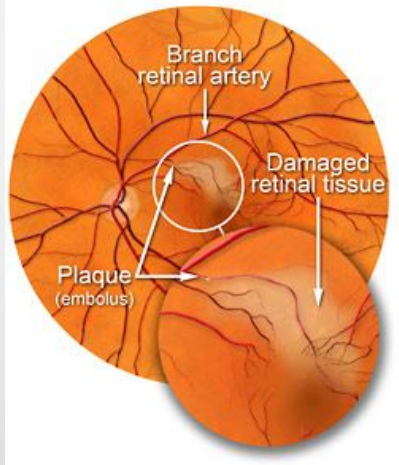


# Soft Tissue and Bony Radionecrosis

- Late effect of radiation treatment
- About 3% of patients undergoing Rad Onc treatment
- Onset 6 months to 3 years after treatment
- Obliterative end-arteritis – loss of microvasculature from chronic inflammation
- Soft tissue is hypocellular and hypovascular

# Acute Arterial Insufficiencies

- Central Retinal Artery Occlusion
- Crush Injury
- Compartment Syndrome
- Acute Traumatic Ischemia



# Other

- Compromised Grafts and Flaps
- Acute Thermal Burn Injury
- Chronic Refractory Osteomyelitis
- Severe Anemia
- Intracranial Abscess
- Acute Sensorineural Hearing Loss

# Contraindications to HBO

- Untreated pneumothorax
- Unable to equalize middle ear
- Claustrophobia
- Hemodynamic instability
- Uncontrolled Congestive heart failure
- Uncontrolled Epilepsy





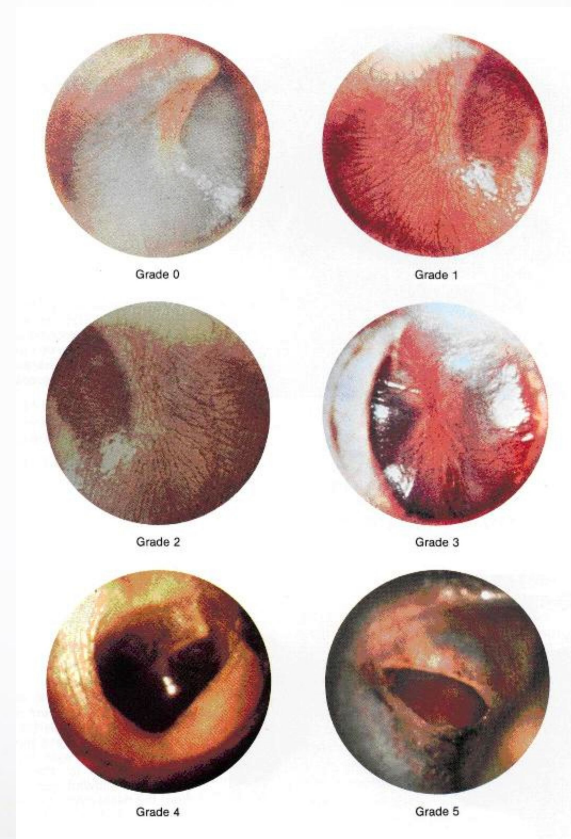
# Toxic and Overdose effects

Pressure Related

Oxygen Related

# Pressure related complications

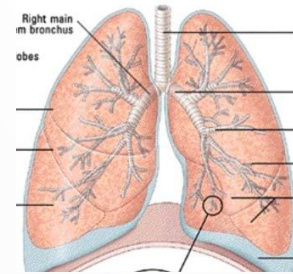
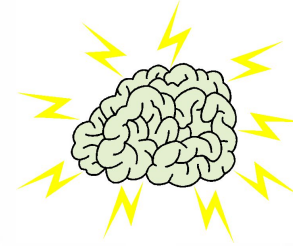
- Tympanic membrane trauma
- Hypoglycemia
- Pneumothorax (rare)



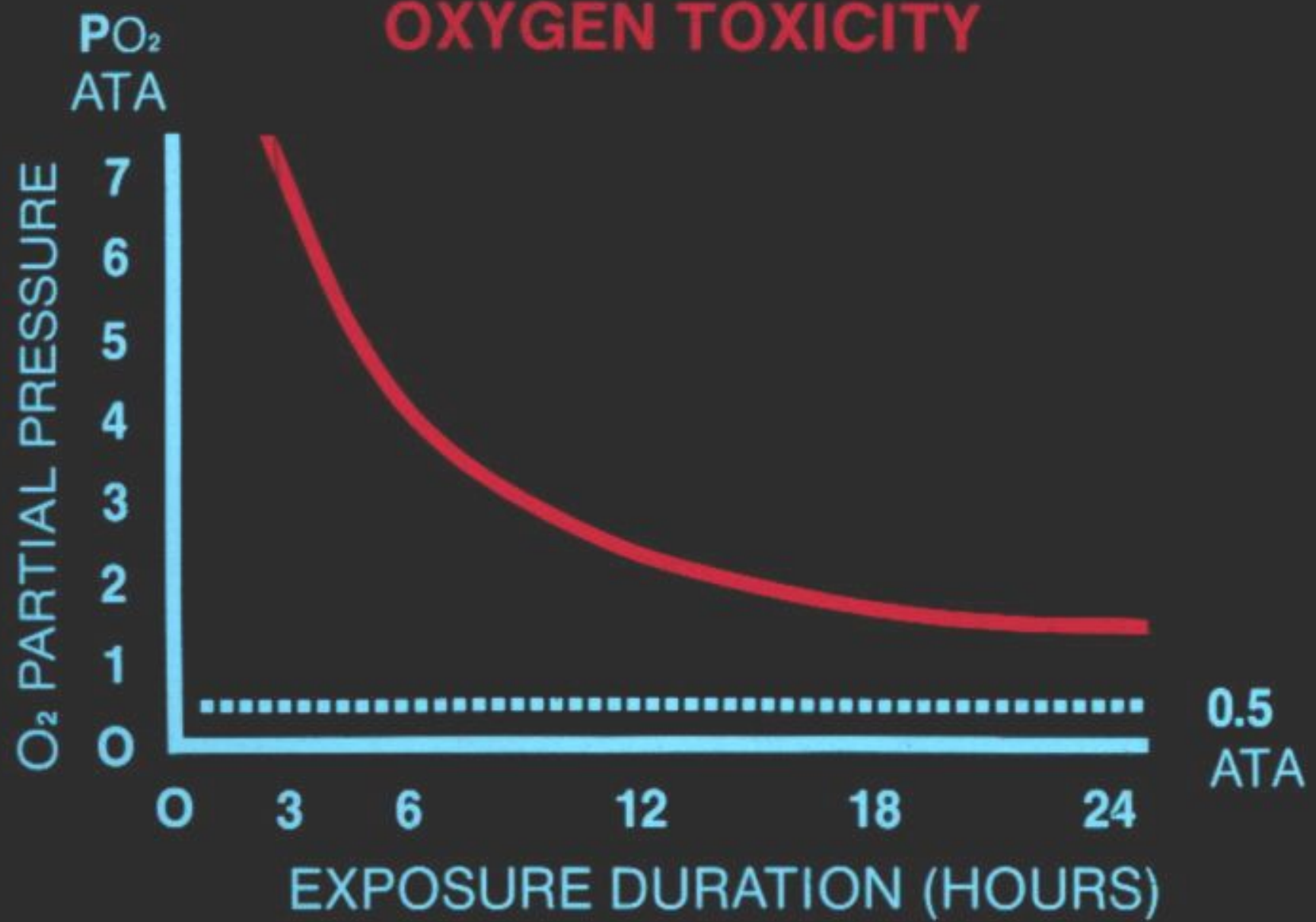
Teed Scale

# Oxygen related complications

- Central nervous system
  - Seizures
- Pulmonary
  - Pulmonary toxicity
- Ophthalmologic
  - Temporary myopia
  - Cataracts



# OXYGEN TOXICITY



J.M. Clark (1974)



# Boy dies from burns suffered when Florida hyperbaric chamber exploded

Powered by CDNN - Cyber Diver News Network

June 15, 2009

**LAUDERDALE-BY-THE-SEA, Florida** — The 4-year-old boy injured in the explosion of hyperbaric chamber that killed his grandmother died Thursday.

Francesco Martinisi's family had brought him to the United States from Italy for medical treatment that could not be easily obtained at home. On May 1, the hyperbaric chamber in which he was receiving therapy at a clinic in Lauderdale-by-the-Sea exploded.

The boy's grandmother, Vincenza Pesce, 62, died of her injuries a day after the blast at the Ocean Hyperbaric Oxygen Neurologic Center. Francesco, seriously burned, was taken to Jackson Memorial Hospital in Miami.

"This is the tragic end of a very sad story that should never have happened," said Russell S.



A hyperbaric chamber explosion in Florida killed a 4-year-old boy and his grandmother. Such chambers are often used to treat potentially fatal scuba diving injuries.

The Broward Sheriff's Office said the Miami-Dade Medical Examiner's Office would

# Does HBO cause cancer?

- Fear is that oxygen and increased free radicals would increase recurrence rate.
- Numerous studies on humans, animals, and tumor cell lines. NONE showed enhanced cancer growth by HBO.

# You can now...

- Define hyperbaric oxygen therapy.
- Understand the mechanisms of action.
- Identify diagnoses HBO is indicated for.
- Review potential complications of HBO.



# Hyperbaric Medicine Program

Delayed Radiation Injury

Bone/Soft Tissue

Selected foot ulcers in  
diabetics

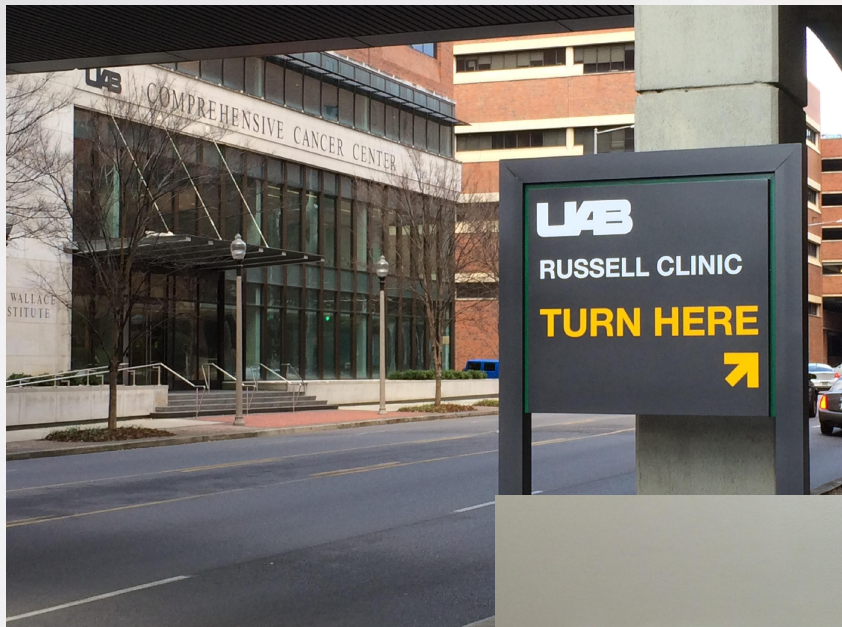
Chronic refractory osteomyelitis

Decompression Illness

Compromised skin grafts and  
flaps







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- [mvandernoot@uabmc.edu](mailto:mvandernoot@uabmc.edu)