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The Flipper

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Official Newsletter of the Great Lakes Aquanauts

May 2008

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President's Corner

Notes from Tim:

#1 Check out this sight, re. David Albright novavision.com He was accepted. He is doing fine, by the way.

#2 Westman's social, 17th. Your welcome to run the river, if you like.

#3 Things are heating up, & we look to the summer for our meetings, with friends. Join us.

**Your acting president
Tim**

Editors Notes

Well I learned the hard way what everyone always tells you about computer files: back up back up back up. I now do that with out fail after rebuilding my system after a hard drive failure. I hope everyone is ready for the summer and upcoming diving/eating season. I look forward to the meetings at members homes and the upcoming dive schedule. Hope to see you there.
Steve

Programs

2008 Meeting Schedule

May 17 th River Float/potluck at the Westman's. Please plan to be at the Westman's for our May meeting. If you have a desire to do the Huron River Float Please contact Joanne. As of last month we had no takers for the float, but plenty of interest for the potluck. Time for the potluck is 1:00 PM/ Bring a dish to pass and what you want to drink.

June activities: June 14th Cook out at Hugh and Linda Waltons.

June 21st White Star Quarry and dinner at Tony Packos. Times to be posted.

FOR SALE

Call, or email Steve Kunder to place your ad.

O'neil Drysuit, size XXL with weights. \$250.00 Gary Morgan

DIVE RELATED INFO

We had a great showing by our club at the Ford Seahorses Shipwreck Festival. The presentations were great and of course the dinner that followed was fantastic. Looking forward to next year.



Article from Chuck Pickett

Divers Alert Network
www.diversalertnetwork.org
Diving Medicine Excerpts

Sea Bather's Eruption, Seaweed Dermatitis & Swimmers Itch

Q: I was swimming for exercise out in front of my hotel in Cozumel when my entire body started to tingle. I didn't see anything in the water, so I kept swimming. A few minutes later, I swam into a swarm of tiny pulsating brown blobs. They didn't have any tentacles that I could see. The stinging got pretty bad, especially underneath my bathing suit. I hosed off on the beach and jumped in the shower, and that seemed to help. Now I have an ugly red rash under my neck and where my bathing suit goes. I'm having trouble sleeping, and it seems like I'm tired all the time. What should I do?

A: Sea Bather's Eruption

Often misnamed "sea lice" (which are true crustacean parasites of fish, and which inflict miniscule bites), sea bather's eruption occurs in sea water and involves predominantly bathing suit-covered areas of the skin, rather than exposed areas. The skin rash distribution is very similar to that from seaweed dermatitis (read below), but no seaweed is found on the skin.

The cause is stings from the nematocysts (stinging cells) of the larval forms of certain anemones, such as *Linuche unguiculata*, and from thimble jellyfishes. The injured person may notice a tingling sensation under the bathing suit (breasts, groin, cuffs of wet-suits) while still in the water, which is made much worse if he/she takes a freshwater rinse (shower) while still wearing the suit. The rash usually consists of red bumps, which may become dense and confluent. Itching is severe and may become painful.

The Treatment

Treatment consists of immediate (for decontamination) application of vinegar or rubbing alcohol, although the relief may be minimal. Some persons note that topical papain (e.g., unseasoned meat tenderizer) and simultaneous brisk rubbing are effective. Others have noted relief from concentrated citrus (e.g., lime) juice applied to the skin. Topical calamine lotion with 1 percent menthol may be soothing. After decontamination, hydrocortisone lotion 1 percent twice a day may be minimally effective. More potent topical steroid preparations or oral prednisone may be prescribed by a physician to provide sufficient anti-inflammatory effect to quell the reaction somewhat. However, it is not uncommon for a patient to be miserable for a few days to two weeks.

If the reaction is severe, the injured person may suffer from headache, fever, chills, weakness, vomiting, itchy eyes and burning on urination, and should be treated with oral prednisone.

The stinging cells may remain in the bathing suit even after it dries, so once a person has sustained sea bather's eruption, the clothing should undergo machine washing or be thoroughly rinsed in alcohol or vinegar, then be washed by hand with soap and water.

A: Jellyfish Stings

"Jellyfish" is the term commonly used to describe an enormous number of marine animals that are capable of inflicting a painful, and occasionally life-threatening, sting. These include fire coral, hydroids, jellyfishes (including "sea wasps") and anemones. The stings occur when the victim comes into contact with the creature's tentacles or other appendages, which may carry millions of small stinging cells, each equipped with venom and a microscopic stinger.

Depending on the species, size, geographic location, time of year and other natural factors, stings can range in severity from mild burning and skin redness to excruciating pain and severe blistering with generalized illness (nausea, vomiting, shortness of breath, muscle spasm and low blood pressure). Broken-off tentacles that are fragmented in the surf or washed up on the beach can retain their toxicity for months and should not be handled, even if they appear to be dried out and withered.

The dreaded box jellyfish (*Chironex fleckeri*) of northern Australia contains one of the most potent animal venoms known to man. A sting from one of these creatures can induce death in minutes from cessation of breathing, abnormal heart rhythms and profound low blood pressure (shock).

The Treatment

BE PREPARED TO TREAT AN ALLERGIC REACTION FOLLOWING A JELLYFISH STING. If possible, carry an allergy kit, including injectable epinephrine (adrenaline) and an oral antihistamine.

The following therapy is recommended for all unidentified jellyfish and other creatures with stinging cells:

1. If the sting is believed to be from the box jellyfish (*Chironex fleckeri*), immediately flood the wound with vinegar (5 percent acetic acid). Keep the injured person as still as possible. Continuously apply the vinegar until the individual can be brought to medical attention. If you are out at sea or on an isolated beach, allow the vinegar to soak the tentacles or stung skin for 10 minutes before attempting to remove adherent tentacles or to further treat the wound. In Australia, surf lifesavers (lifeguards) may carry antivenin, which is given as an intramuscular injection a first aid measure.

2. For all other stings, if a topical decontaminant (e.g., vinegar, isopropyl [rubbing] alcohol, one-quarter-strength household ammonia, or baking soda) is available, apply it liberally onto the skin. If it is a liquid, continuously soak a compress. (Be advised that some authorities advise against the use of alcohol because of scientific evaluations that have revealed that some nematocysts discharge because of this chemical's application.) Since not all jellyfish are identical, it is extremely helpful to know ahead of time what works for the stingers in your specific geographic location.

Apply the decontaminant for 30 minutes or until pain is relieved. A paste made from unseasoned meat tenderizer (do not exceed 15 minutes' application time, particularly upon the sensitive skin of small children) or papaya fruit may be helpful. Concentrated citrus (e.g., lime) juice may be helpful. Do not apply any organic solvent, such as kerosene, turpentine or gasoline.

Until the decontaminant is available, you may rinse the skin with sea water. Do not simply rinse the skin gently with fresh water or apply ice directly to the skin. A brisk freshwater stream (forceful shower) may have sufficient force to physically remove the microscopic stinging cells, but non-forceful application is more likely to cause the cells to fire, increasing the envenomation. A non-moist ice or cold pack may be useful to diminish pain, but take care to wipe away any surface moisture (condensation) prior to the application.

3. After decontamination, apply a lather of shaving cream or soap and shave the affected area with a razor. In a pinch, you can use a paste of sand or mud in sea water and a clamshell.

4. Reapply the primary decontaminant for 15 minutes.

5. Apply a thin coating of hydrocortisone lotion (0.5 to 1 percent) twice a day. Anesthetic ointment (such as lidocaine hydrochloride 2.5 percent or a benzocaine-containing spray) may provide short-term pain relief.

6. If the victim has a large area involved (entire arm or leg, face, or genitals), is very young or very old, or shows signs of generalized illness (nausea, vomiting, weakness, shortness of breath or chest pain), seek help from a doctor. If a person has placed tentacle fragments in his mouth, have him swish and spit whatever potable liquid is available. If

there is already swelling in the mouth (muffled voice, difficulty swallowing, enlarged tongue and lips), do not give anything by mouth, protect the airway and rapidly transport the victim to a hospital.

For prevention of jellyfish sting or sea bather's eruption, all divers and ocean bathers are advised to apply Safe Sea jellyfish and sea lice safe sun block. This sunscreen product has been tested clinically and has been shown to help protect against the stings of most jellyfish and related creatures.

A Bit of Insight from Bob Evans:

Hey divers,

A short little briefing on why back up of equipment is so important to have.

That extra fin strap (while on a dive trip) to even a extra set of regulators.

And please don't ask me the number of times that fellow divers needed that spare set of regulators or that extra O/ring or even a computer battery.

Or just ask Pete how important having a pony tank while diving is!

And how about the drysuit diver, do you have your repair kit to fix your suit?

Make a list of your dive equipment and if you don't have that extra back/up please make sure your dive buddy does.

And one thing that I see over and over again is that divers have the wrong suit and are shaking from being so cold after that first dive. Have a heavy jacket and dry towel in a dry bag!

I always brought 3 jackets on every dive trip and many times gave all three away.

Some people would laugh at the amount of dive bags I had and would then be freezing until I opening up and gave them that extra jacket and that's when I would get a smile!

It only takes a couple of extra minutes of your time and is well worth it to have back/up.

Hope to see u all underwater one day,

Bob Evans

Steve,

Below is the response I received from Dan's Joel Dovenbarger, BSN, the author of many articles in *ALERT DIVER*. I posed the following question:

[Has DAN done any testing with aspirin as a first-aid treatment in addition to 100% O2 on divers suspected with DCI ?](#)

-----Original Message-----

From: Dovenbarger, Joel [mailto:jdoenbarger@dan.duke.edu]

Sent: Monday, April 28, 2008 4:52 PM

To: cepickett2@sbcglobal.net

Subject: Diving Medicine

Dear Charles,

Thank you for your email to Divers Alert Network and for your support of DAN with a membership. Aspirin or ASA, is commonly given for a number of short term, like head and muscle/joint aches and chronic conditions related to the clotting of blood, especially in cardiac patients. On baby ASA or 81mgs of the drug will have an effect on the blood that will last up to 9 or 12 days. It prevents the sticking together of red blood cells and plaques which helps prevent clots from quickly forming

when a blood vessel has burst. The importance of this is that it may keep blood flowing rather than creating a wall where oxygenated blood can not continue to flow. So in the early stages of decompression sickness there might be some value in this mechanism of action. However, when this was looked at a number of years ago ASA use in accidents showed no improved outcome for divers than not using ASA. That is really the only measure you can go by, did divers who took aspirin do better or the same. So no difference in results equates to no value in the use of ASA in dive accidents. You have probably heard that all drugs have a double side edge. In this case ASA is good if you want to delay the clotting effects of blood so tissue can be oxygenated. The bad side of ASA use is what if the vessels that burst are in the brain or spinal cord and the delay in clotting leads to a larger area of blood leaking than would normally occur in this type of injury? In other words instead of having a bubble blockade in fairly serious DCS which can be treated in the field with oxygen by non rebreather or demand valve face mask, you have a vessel bleeding into tissue for a long period of time, the same thing as stroke. This would not be good for the diver.

Because the mechanism of aspirin and decompression sickness are pretty well established, it is apparent that there would be very little value in given ASA after the injury has already happened and it may even be bad for the diver. No further research on the issue would really be necessary.

I hope this is helpful information for you and thank you again for your email and for your support of DAN and diving safety.

Sincerely,

Joel Dovenbarger BSN
Medical Department

GLA IS PLANNING ANOTHER TRIP DO NOT DELAY!!!!

This trip is still short on people in order to get the full compliment of discounts for groups. Please do not delay if you have interest.

John Westman has put together what looks like to be an exciting trip for GLA's upcoming fall trip. The trip is planned for the week of October 24th thru the 31st 2008.

Destination is Cayman Brac/Brac Reef Beach Resort www.bracreef.com

Dive Package and lodging price per diver is 995.00 per person/double /6 two tank am dives
Non Diver 605.00 per person/Double. These prices include Breakfast and dinner with an optional lunch package available for 115.00

Air Fare is priced at 502.55

Total price looks to come in at about the 1500.00 price and is subject to the amount of people going.
11 person stays free/ along with a 10% commission return.

I believe I have everything included here/ for specific questions contact John Westman.

The main concern is to get a count of how many and a deposit in ASAP in order to hold airfare and prices. Right now 16 airfare spots are being held. Please get deposit to Steve Mahr made out to GLA in the amount of 150.00 per person no later than 7/1/2008 Please let John know ASAP so we can determine if we have enough to book this trip.

This trip looks to be Fantastic and a great value. Thanks to john Westman for his efforts

Steve Mahr- Treasurer

REMEMBER WHEN ... This picture and article supplied by Joanne Westman. If you have items from the clubs past you would like to see in the Flipper Please get them to me.

Joanne Westman wrote a nice article for this months remember when but it has gone the way of my previous harddrive so I will try my best to show what she had in mind. Pictures supplied by Joanne Westman. **Huron River float from the past.**



Only four members from this group picture are still active:

John and Joanne, Sandy P. and Mike Sitko

