Hyperbaric Oxygen Therapy (HBOT)

Hyperbaric oxygen **WILL BE** funded for the following indications:

- Decompression sickness
- Gas embolism
- Acute carbon monoxide poisoning


Hyperbaric oxygen for any other indication **WILL NOT** be routinely funded.

<table>
<thead>
<tr>
<th>Strength of evidence</th>
<th>Clinical Effectiveness</th>
<th>Cost Effectiveness</th>
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</thead>
<tbody>
<tr>
<td>Strength of evidence</td>
<td>Inadequate</td>
<td>Inadequate</td>
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<td>Comments</td>
<td>There is a lack of randomised controlled trial evidence for the effectiveness of hyperbaric oxygen treatment in decompression sickness, gas embolism or acute CO poisoning. However, HBOT use is supported by a good theoretical basis, long-standing use and clinical consensus. It would be difficult to justify further trials in these treatment areas. For all other indications, current evidence of effectiveness is inadequate to support the inclusion of HBOT within standard care. Well-designed RCTs are required to establish which patients will benefit, the degree of benefit and the appropriate treatment protocols. The safety of HBOT cannot be adequately assessed as adverse events have been poorly reported in published studies. Evidence for cost effectiveness is lacking.</td>
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Summary of evidence


http://www.healthcareimprovementscotland.org/previous_resources/hta_report/hta_systematic_review_2.aspx

Cochrane reviews published subsequent to evidence reviews above:
Hyperbaric oxygen therapy for treating chronic wounds, 2015
http://www.cochrane.org/CD004123/WOUNDS_hyperbaric-oxygen-therapy-for-treating-chronic-wounds

Hyperbaric oxygen therapy for the treatment of late effects of radiotherapy, 2016
http://www.cochrane.org/CD005005/GYNAECA_hyperbaric-oxygen-therapy-treatment-late-effects-radiotherapy

Hyperbaric oxygen therapy for necrotising fasciitis, 2015

Does hyperbaric oxygen improve outcome after heart attack?, 2015
http://www.cochrane.org/CD004818/VASC_does-hyperbaric-oxygen-therapy-improve-outcome-after-heart-attack

Hyperbaric oxygen for treating people with acute, ischaemic stroke, 2015
http://www.cochrane.org/CD004954/STROKE_hyperbaric-oxygen-therapy-for-treating-people-with-acute-ischaemic-stroke

Normal and hyperbaric oxygen therapy for migraine and cluster headaches, 2015

Hyperbaric oxygen therapy for acute surgical and traumatic wounds, 2013

Reason for requesting policy review:

Included within the Effective Use of Resources Project. Replaces Clinical Recommendations Committee 10/10: Hyperbaric Oxygen Therapy (HBOT), 2010.
Where a patient is considered to have exceptional need for and capacity to benefit from a treatment that is not routinely funded, a request for individual funding may be made to the Individual Funding Requests Panel. The patient must be made aware that the Panel may not support the request and must not be given any expectation that they will be able to have the treatment until a decision to fund has been received in writing from the Panel.

For further information contact:

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The categorisation of hyperbaric facilities was proposed within the Cox Report (1994) as follows:

**Category 1**
Facilities should be capable of receiving patients in any diagnostic category who may require Advanced Life Support either immediately or during hyperbaric treatment.

**Category 2**
Facilities should be capable of receiving patients in any diagnostic category who are judged by the referring medical officer not to be likely to require Advanced Life Support during hyperbaric treatment.

**Category 3**
Facilities should be capable of receiving emergency referrals of divers and compressed air tunnel workers. These facilities should also be capable of providing elective treatment of residual symptoms of decompression illness. Patients may be accepted, in the name of the Medical Director (whose role is defined in para 24 of the Cox Report), even when no Hyperbaric Duty Doctor is available at the time of referral provided, in the view of the referring clinician, the patient’s condition demands immediate action. This does not obviate the need for discussion with the Hyperbaric Duty Doctor who should attend the patient as soon as is practicable.

**Category 4**
Facilities should be capable of receiving elective and emergency referrals of patients in any diagnostic category who are judged by the referring medical officer, on the advice of the Hyperbaric Duty Doctor, not to be likely to require access during hyperbaric treatment. Normally monoplace chambers are not suitable for the immediate treatment of acute decompression illness.