

Virtual Flight Surgeons® Inc.

“Our Physicians...Your Solution”

Quarterly Aeromedical Newsletter

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FAA Aeromedical Certification Policy Update



Flying on Antidepressant Medications

As discussed in the last two quarters of the VFS Aeromedical Newsletter, the Federal Air Surgeon is considering a change in the blanket prohibition of antidepressant medications while holding an Airman's Medical Certificate or ATC medical qualification. See the VFS section on Counseling and Depression at www.AviationMedicine.com/depression.htm. VFS feels the current policy undermines aviation safety and harms pilot and controller health. We hope to have favorable news in future issues.

Monovision PRK/LASIK

This procedure which corrects one eye for distance and one eye for near vision will be allowed (though discouraged) for pilots, but they must use lenses to achieve 20/20 vision bilaterally for at least 6 months while flying. When not flying, the pilot would not wear lenses and allow time to adjust to the new depth perception cues. After the 6 months adjustment, the pilot may seek a medical flight test to have the restriction for wearing corrective lenses removed. Please see the article regarding vision on our website for more details. Note at the present time, monovision in controllers is considered disqualifying.

Conductive Keratoplasty

This procedure uses radiofrequency (RF) instead of a laser to correct near vision. It has gained popularity because it takes as little as three minutes and can be conveniently performed in-office. Because of concern over possible fluctuating vision post procedure, the FAA has been slow to approve its use. Currently, FAA policy may allow waiver after a 6-month observation, though that policy is still under review. Please talk with a VFS physician for the most up-to-date information before getting this procedure.

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Medication Update



Erectile Dysfunction Medications

The Journal of Neuro-Ophthalmology has recently reported 43 cases of blindness in men using erectile dysfunction medications. An article on AvWeb alerted pilots to this observation. The article correctly stated that the FAA has not removed these medications from the authorized medications list. It incorrectly stated that the FAA requires a 24-hour wait after last use before flying or controlling with any of these medications. VFS confirmed the policy with the FAA and sent a correction to the AvWeb article. The FAA policy remains that all three medications are approved for use in pilots and controllers if not taken within a specified time period before duty. The required waiting periods are: Viagra and Levitra (6 hour wait) and Cialis (36 hour wait).

There have been 38 cases over seven years in the 23 million legal users of Viagra and 4 cases in two years for the 5 million users of Cialis. There has been one case in an unknown number of Levitra users over two years. Importantly, this study makes an observation, but does not demonstrate cause and effect. The FDA is researching the issue, but has not issued any warnings or requested a withdrawal of these medications from the market at the time of this writing.

Botox

BOTOX® (Botulinum Toxin Type A) Purified Neurotoxin Complex treatments have become much more commonplace. Botox has been utilized to treat blepharospasm (spasm of the eyelid muscle), cervical dystonia (neck spasms), severe primary axillary hyperhidrosis (armpit sweating) that is inadequately managed with topical agents, and even strabismus (a defect in eye alignment). Botox is also utilized in cosmetic procedures to reduce wrinkles. The FAA now allows Botox injections, but requires a 72-hour wait before returning to performance of safety sensitive duties. While the medication is now allowed, often the underlying medical condition may still be of concern to the FAA as is the case with significant strabismus. For further information, contact one of the VFS physicians.

Xolair

There are many FAA approved asthma treatments. Xolair (omalizumab) is a prophylactic medication now considered waiverable by the FAA after a 30-day trial period. There are a large number of potentially serious side effects that have to be ruled out. Also, a pilot or controller would have to demonstrate good response without significant limitation from their asthma. Contact VFS for assistance with the waiver process.

Health and Nutrition Advice



Sun Safe - Summer Health Guidelines

Summer is a time of great outdoor activities and lots of sunshine. Sunshine is beneficial for strengthening bones by stimulating vitamin D production. Sunshine also has a positive effect on mood, as some types of depression are treated with sunlight or equivalent bright lights with tremendous effect. Unfortunately, the radiation from sunlight may present some hazards to individuals. Fortunately, these hazards are easily avoidable while still enjoying the outdoors.

Scientific studies have demonstrated a lower than expected risk of cancer in airline pilots with one exception. Melanoma, one type of skin cancer, is nearly twice as common in pilots as in the general population. Although UV radiation exposure from high altitude, high latitude flights is greater in pilots, the radiation wavelengths that penetrate a windscreen or aircraft fuselage have not been shown to cause skin cancer. The main skin cancer causing radiation hazard to pilots studied is thought to be related to increased leisure time in sunny locations rather than exposure in flight.

The American Cancer Society states that there are over one million new cases of sun-related non-melanoma skin cancers in the U.S. each year. Most of these are basal cell and squamous cell carcinomas. The FAA policy on this type of cancer is that a pilot is cleared to return to fly after treatment and may report the treatment at the next physical examination. Controllers must obtain specific clearance through the Regional Flight Surgeons (RFS). Although they can have serious consequences, most are easily treated and are not life threatening. Approximately 2,800 people die of these cancers each year.

Melanoma is a less common (nearly 60,000 cases in 2005) but much more serious form of skin cancer. Approximately 7,800 Americans will die from melanoma in 2005. Because of its aggressive nature and tendency to spread, the FAA requires a pilot/controller diagnosed with melanoma to not fly/control until they have reviewed the case. Observation periods required before returning to aviation duties varies from shortly after surgery to up to five years after completion of treatment. The observation periods are determined by the depth and spread to the melanoma.

People at highest risk include fair-skinned, blonde or redheaded, chronic unprotected exposure to sun and ultraviolet radiation, severe sunburns as a child, persons with multiple moles and those with a family history of skin cancer. Men tend to get skin cancers on the head, face, ears and arms. Women commonly get skin cancers on the legs.

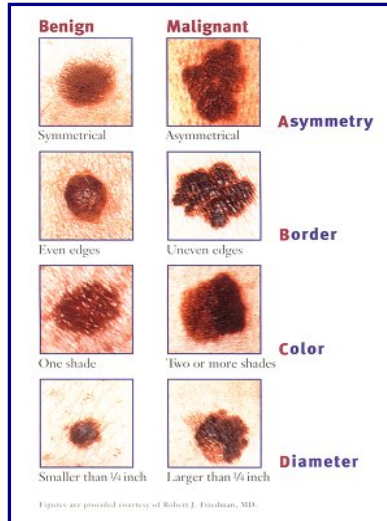
Prevention of skin cancer is simple. If possible, avoid sun exposure between 11:00 AM and 3:00 PM. Use a hat and long sleeve clothing. Do not use tanning booths. Always use a sunscreen with an SPF of 15 or higher. There is very little benefit for SPF's greater than 30. Reapply sunscreen after swimming or with heavy perspiration.

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Health and Nutrition (Continued from Page 3)

Early warning signs of skin cancers include change in the size or color of a mole, a new bump on the skin or spots that ooze, bleed or do not heal, the spreading of color around a mole or a change in sensation or chronic itching of a skin lesion. For melanoma screening, many physicians recommend regular self-examination following the “ABCD Checklist”:



- **A** = Asymmetry: Melanoma lesions are typically irregular in shape (asymmetrical); benign (noncancerous) moles are typically round (symmetrical).
- **B** = Border: Melanoma lesions often have irregular borders (i.e., ragged or notched edges); benign moles have smooth, even borders.
- **C** = Colors: Melanoma lesions often contain many shades of brown or black; benign moles are usually a single shade of brown.
- **D** = Diameter: Melanoma lesions are often more than 1/4 inch or six millimeters in diameter (about the size of a pencil eraser); benign moles are usually less than 1/4 inch or six millimeters in diameter.

VFS recommends that every pilot and controller get a skin examination annually. If any suspicious skin lesions arise, seek an evaluation soon. Family physicians and dermatologists are well-trained to assess and treat a variety of skin lesions. Don't let the sun spoil your summer. Contact VFS for assistance with reporting skin cancer to the FAA. Protect yourself and have fun!



VFS News

VFS to attend Rocky Mountain Regional Fly-In, Watkins, Colorado.

Dr. Quay Snyder has been selected to speak at the Rocky Mountain Regional Fly-In on June 26 and 27 as part of the National Association of Flight Instructors (NAFI) Master CFI speakers forum. VFS staff members will be available to answer questions and provide information on our services. Come see us at Booth T301.

VFS to present at NBAA Regional Business Forum

Dr. Quay Snyder is also scheduled to present on “FAA Medical Certification: Current Standards, Policies and Tips for Pilots” at the NBAA Regional Meeting on September 15 in Denver, CO at Centennial Airport (APA). Question and answer sessions will follow.

Virtual Flight Surgeons at Oshkosh for AirVenture 2005

VFS will make its first appearance at the EAA's AirVenture this year. Dr. Phil Parker will present a forum on “Aeromedical Certification: Tips and Common Pitfalls.” He will also be available to answer a full spectrum of aeromedical questions related to FAA policies and certification standards. Dr. Parker is nationally board certified in Aerospace Medicine and in Occupational Medicine. He has recently joined VFS from the USAF where he was a flight surgeon for F-15 and F/A-22 squadrons. Catherine Cazorla, VFS Director of Operations, will be available to provide information on each of the VFS Aeromedical Services programs for corporate clients, partnership programs for aviation organizations and assistance to individual pilots. Come see us at Booth 4001.

VFS News Continued on Page 5

Quay Snyder Named Master CFI



Dr. Quay Snyder has again been designated as a “Master CFI” by the National Association of Flight Instructors. Of over 85,000 CFI’s in the US, only 500 have earned this distinction. The Master CFI designation is valid for two years. The designation requires documentation of a number of

voluntary activities in support of aviation safety. Activities are required in the Educator, Creator of Media, Service to the Aviation Community and Participant categories. Dr. Snyder has been a CFI since 1975 and also serves as a Pilot Examiner and Aviation Safety Counselor for the Denver FSDO. He flies his ASW-19 from Kelly Air Park (CO15). Dr. Snyder is pictured flying (left).



ATCS Sector

New Addition to Newsletter

VFS is proud to announce “ATCS Sector” as a new addition to the quarterly newsletter. This section will be dedicated to our controllers, with updated information specific to controller certification. We have added an “Ask the Flight Doc” column for frequently asked questions that we receive.

NATCA Presentations

VFS represents the 15,000 members of the National Air Traffic Controllers Association (NATCA) in protecting their health and medical qualification status with their employer, the FAA. As part of this relationship, physicians from VFS give educational seminars to NATCA facility and Regional representatives. Dr. Keith Martin, VFS Vice President, will give a presentation in June for the facility representatives of the Southwestern Region when they meet in Houston.



Keith Martin, MD, MPH



Ask the Flight Doc

Question: I recently had a cardiac stent placed for a blocked artery. Do I have to wait six months as noted in your website article before trying to return to controlling?

Answer: *The FAA requirements for follow up after diagnosis and treatment for coronary artery disease differs between controllers and airmen. For controlling, the observation period following procedures such as stent placement is only three months. After 3 months, a follow up Radionuclide Stress Test is required to confirm adequate perfusion to the heart contrary to First and Second Class Airmen that require a repeat cardiac angiogram. Our website is being updated to reflect these differences. Please refer to our website at www.AviationMedicine.com for additional details about prevention and treatment of heart disease.*



Spotlight—Your VFS Staff

To better acquaint you with the physicians and support staff who serve you, VFS will profile a staff member each quarter. This quarter's spotlight is on the newest member to the VFS team, Dr. Phillip E. Parker, VP of military and general aviation safety.



Dr. Phillip Parker, his wife Amy, and sons Cody and Kegan.

Dr. Parker recently joined our staff after leaving Tyndall Air Force Base in Panama City, Florida where he was the Chief of Aerospace Medicine. A Texas native, Phil and his family are adjusting

to beautiful Castle Rock, Colorado. After hours, he enjoys mountain biking, snow skiing, and camping with his family.

Dr. Parker was the Honor Graduate of his flight

surgeon class at the USAF School of Aerospace Medicine (USAFSAM). He has published numerous articles, and remains an Associate Faculty at USAFSAM where he also received his residency training in both Aerospace and Occupational Medicine. With flight time in over 35 different military aircraft types and over 100 combat flying hours, Phil's expertise is human performance enhancement. He chartered the first USAF F/A-22 Raptor Aeromedical Working Group before leaving active duty. He continues his citizen-soldier service as the Chief of Aerospace Medicine in the Colorado Air National Guard.

Your VFS Newsletter



Our services are provided as either a benefit from your company flight department or a membership benefit from your union or aviation association. Our expert physician staff is at your disposal to respond to any medical questions and the discussion of any potential impact on your FAA Airman's Medical Certificate for medical conditions you might develop.

All client discussions with our staff members are completely confidential and risk free.

We welcome your comments and suggestions! Our goal is to make this newsletter useful and informative for all our clients. If you have an idea for a topic you would like covered or have a comment, please contact our editor, Catherine Cazorla at ccazorla@aviationmedicine.com.

OPT-OUT: If you do not wish to continue receiving the quarterly

VFS Aeromedical electronic newsletter, please reply to this e-mail and type "REMOVE" in the subject line. We will remove your e-mail address from our mailing list.

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THE VFS GOAL IS TO KEEP OUR CLIENTS HEALTHY, SAFE & MEDICALLY CERTIFIED!

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