

Appendix 3 Patient information

Frequently Asked Questions (FAQs)

Which lung conditions can be affected by air travel?

- COPD (chronic obstructive pulmonary disease)
- Emphysema
- Asthma
- Lung fibrosis
- Cystic fibrosis
- Obstructive sleep apnoea syndrome or obesity hypoventilation syndrome
- Pneumothorax
- Previous DVT (blood clots in the veins)

A small number of people with these lung conditions may have difficulties travelling by air. This is mainly because of the lower air pressure in aircraft cabins.

Why does the lower pressure in aircraft cabins affect people with lung disease?

Air pressure in an aircraft is lower than air pressure at ground level. Being in an aircraft cabin at cruising altitude is like being taken to between 6000 and 8000 feet on a mountain. At high altitudes blood oxygen levels fall, and some people may feel a little breathless. In most people this has no effect on your health. However, if you already have low blood oxygen levels because of your lung condition, the extra dip while you are at cruising altitude in the plane can affect your health adversely.

How can I know if I might have difficulty travelling by air?

If you need to stop for breath after walking around 100 yards or after a few minutes on level ground at your own pace, you should speak with your doctor about whether you should travel by air. You may need some breathing tests to find out whether a fall in your blood oxygen level is likely to be a problem while travelling.

Can I use oxygen to help me when travelling by air?

If tests suggest that air travel may be a problem, you may still be able to travel by air with medical oxygen.

Airlines can often arrange medical oxygen, but many charge extra for this. Different airlines have different charges. Arrangements for oxygen should be made by you or your travel agent, usually when booking your ticket, but at least one month before your trip.

Aeroplanes carry emergency supplies of oxygen for short periods only. You must not rely on this as your source of oxygen: make your own arrangements (see below).

- *Does the length of the flight make a difference?*

Longer flights may carry health risks for anyone, because of the effects of sitting for long periods. There is no evidence of extra risk for people with lung disease, except for those with lung cancer, who are more prone to DVT (clots in the veins). Your doctor may recommend you wear flight hosiery and/or take anticoagulant medication if you are at increased risk.

- *What happens if I get a chest infection while on holiday?*

Any chest infection should be completely treated before you fly home. You should have medical approval before flying home.

- *Am I covered by medical insurance for any delays or difficulties due to my chest condition while on my trip?*

You may not be. Check your travel insurance policy. Make sure you are fully covered for any medical costs that arise in connection with your lung condition. It is important that your travel medical insurance includes the cost of return by air ambulance if you become too ill to return on a commercial flight. Some policies exclude costs from “pre-existing” health conditions. Many policies will not cover you for costs from your lung condition unless you have a written note from your doctor stating that in their opinion you are fit to fly.

- *What arrangements must I make for medications I need to take with me?*

Use this opportunity to review your treatments with your doctor or nurse, and make sure your prescriptions cover the whole period you are away. You may be advised to take a self-treatment pack of steroid/antibiotic to use if your condition worsens while away.

Remember that using an inhaler with a spacer is just as effective as a nebuliser.

Make plans to cover the possibility of missing luggage, including taking essential medications on board. Ask your airline for permission to do this before you travel.

Make sure you have enough supplies of essential medications on board to cover not only the immediate flight but potential delays, diversions and/or loss of hold baggage.

Be aware that in some overseas destinations the familiar formulation may not be available. Carry a list of prescribed medications on headed paper from your primary care physician or hospital specialist (or

for NHS patients the NHS computerised prescription list). If you have severe asthma, you should carry a copy of your asthma management plan and/or relevant clinic letters. If you have severe COPD, you should carry a copy of your COPD management plan and/or relevant clinic letters. You may find it easier to scan copies onto your mobile phone, rather than carrying paper documents, or register with a free, secure cloud-based document storage system such as Patients Know Best, also available in the NHS app.

- ***What arrangements must I make for oxygen or other equipment I need to take with me?***

You need permission from the airline to use oxygen or any other electrical equipment you need on board the aircraft. Equipment must be battery driven. You will not be allowed to use it during take-off or landing.

Remember to check whether your equipment is electrically suitable for use in the countries you are visiting, and that you have appropriate adapters if required

Remember that higher flow rates on a POC use up the battery faster: this is important on longer flights. Your airline is likely to require you to bring enough batteries to power the device for at least 150% of the expected maximum flight duration. This is to account for unexpected delays.

Nasal cannulae cannot deliver >6 L/min despite advances in POC technology, so this is currently likely to be the maximum flow available via pulse dose delivery. Nasal dryness, irritation and nosebleeds sometimes occurs with higher nasal oxygen flow rates and may be made worse by the dry cabin environment. Your doctor or nurse may advise you to carry a water-based moisturizer and/or a saline nasal spray for longer journeys.

- ***What else must I do before I travel?***

- contact your individual airline and potentially the UK Civil Aviation Authority for detailed information
- ensure you have appropriate medical insurance to cover all your conditions for the duration of all travel (at times anticipating it may be unavoidably extended)
- be aware of issues around equipment you hope to take in the hold or into the cabin
- have appropriate documentation for taking medication out of the UK and into any countries you are visiting. Information on transporting medications can be obtained from the appropriate embassy

You should also be aware that there are constraints around medico-legal insurance cover for healthcare professionals giving advice. Medical Insurers, including the Medical Defence Union and Medical Protection Society in the UK, usually advise that 'both the doctor and patient should be in the UK at the time the patient is advised or treated'. Discretion may be applied where the condition is long- standing and emergency advice is required when the patient is overseas.