

Airsickness

Although airsickness is less common with jets than with propeller-driven aircraft, it may occur, particularly in susceptible individuals. Prevention requires premedication with oral medications such as phenergan with ephedrine, hyocine, dextroamphetamine, or with a transdermal scopolamine patch worn behind the ear. Medications are less effective if symptoms of nausea or vomiting have already started. In addition to medication, the passenger should direct cool ventilated air onto the face and gaze at the horizon to minimize the feeling of imbalance caused by mismatch of sensory input. It is also advisable for susceptible individuals to avoid excess liquids, high fat, spicy or gas-forming foods, and to sit close to the wing. Even small amounts of alcohol can increase sensitivity of the vestibular system. Susceptible individuals should avoid alcohol for 24 hours prior to as well as during flight.

Airsickness and vomiting is a particular problem for persons who have had mandibulomaxillary wiring to treat a jaw fracture or after maxillofacial surgery. Because the passenger might have difficulty expelling the vomitus through a wired jaw, there is the possibility of aspiration and its attendant complications. Hence, the patient should be provided with wire cutters in case of such an emergency. (Because of today's security requirements, this must be coordinated with the airline.) In some cases, it would be advisable to have an escort. Another option is to replace the wires prior to flight with rubber bands, which can be easily removed or stretched in the event of vomiting.