AVC Hyperbaric Unit



In 2014 AVC Hospital had created a successful Joint Venture with The Egyptian Company for Hyperbaric services Oxy Care – Egypt to establish the first Hospital Based, private, HBOT Center of Excellence in Alexandria, the Centre provides the highest quality of comprehensive hyperbaric services through an interdisciplinary team approach. Our team consists of senior hyperbaric medicine consultants, a team of highly trained nurses, hyperbaric technicians and medical assistants. Our chamber is considered a state of art with its 3 walk in doors, 8 business class seats, with full audiovisual monitoring and entertainment systems.

Vision statement:

To deliver the highest quality patient care and best practice hyperbaric services as the leader not only in Egypt but also in the Middle East region.

Mission Statement:

The mission of AVC Hyperbaric Center and its medical staff is to exceed the expectations of all we serve in a warm, compassionate atmosphere, which respects human dignity and patient safety.

Core values:		
Partnership	compassion	Transparent
Passion	Integrity	Creative
Patient Centered	Respect	Leadership

Program Director:

Dr. Amgad Ahmed Gamal Eldin

Diving & Hyperbaric Medicine Consultant Ex- Director Naval Hyperbaric Medical Institute CEO Oxy Care Egypt Company for Hyperbaric services

Dr. Khaled Elsayed Eltobgy

General Surgeon & Wound Care Consultant Diving & Hyperbaric Medicine Consultant Ex- Director Naval Hyperbaric Medical Institute





Dr. Moataz Gamal Eldin

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Internal Medicine & Diabetology Consultant Diving & Hyperbaric Medicine Consultant Director Naval Hyperbaric Medical Center Hurgada

What is Hyperbaric Oxygen Therapy?

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Hyperbaric oxygen therapy (HBO) is a well-established form of treatment in which a patient breathes 100% oxygen at higher than normal atmospheric pressure. Hyperbaric oxygen therapy is given in special therapeutic chambers the pressure in this chamber is increased to higher than normal atmospheric pressure and the patient then breathes oxygen at this higher pressure.



By 1967, The Undersea and Hyperbaric Medical Society (UHMS) was formed, and is currently responsible for publishing the indications for HBOT. According to the UHMS definition and the determination of The Centers for Medicare and Medicaid Services (CMS) and other third party carriers, the following indications are approved uses of hyperbaric oxygen therapy as defined by the Hyperbaric Oxygen Therapy Committee







1.	Air or Gas Embolism
2.	Carbon Monoxide Poisoning
	Carbon Monoxide Poisoning Complicated By Cyanide Poisoning
3.	Clostridial Myositis and Myonecrosis (Gas Gangrene)
4.	Crush Injury, Compartment Syndrome and Other Acute Traumatic Ischemias
5.	Decompression Sickness
6.	Arterial Insufficiencies:
	Enhancement of Healing In Selected Problem Wounds
	Central Retinal Artery Occlusion
7.	Severe Anemia
8.	Intracranial Abscess
9.	Necrotizing Soft Tissue Infections
10.	Osteomyelitis (Refractory)
11.	Delayed Radiation Injury (Soft Tissue and Bony Necrosis)
12.	Compromised Grafts and Flaps
13.	Acute Thermal Burn Injury
14.	Idiopathic Sudden Sensorineural Hearing Loss
	Condition Accepted By UHMS 2013

The European Committee for Hyperbaric Medicine (ECHM) Consensus Conference was held in 2014 giving the current working recommendations which uses a 3 grade scale according to the strength of each recommendation has been evaluated (published 2016).

 CO poisoning Crush syndrome Prevention of osteoradionecrosis after dental extraction Osteoradionecrosis (mandible) Soft tissue radionecrosis (cystitis) Decompression accident Gas embolism Anaerobic or mixed bacterial anaerobic infections Type II= HBOT Is Recommended As A Good Adjuvant Treatment
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<u> Type II= HBOT Is Recommended As A Good Adjuvant Treatment</u>
1. Diabetic foot lesion
2. Compromised skin graft and musculocutaneous flap
3. Osteoradionecrosis (other bones)
4. Radio-induced proctitis / enteritis
5. Radio-induced lesions of soft tissues
6. Surgery and implant in irradiated tissue (preventive action)
7. Sudden deafness
8. Ischemic ulcer
9. Refractory chronic osteomyelitis
10. Neuroblastoma Stage IV
<u>Type III= HBOT Is A Good Optional Recommendation</u>
1. Post anoxic encephalopathy
2. Larynx radionecrosis
3. Radio-induced CNS lesion
4. Post-vascular procedure reperfusion syndrome
5. Limb replantation
6. Burns >20 % of surface area and 2nd degree
7. Acute ischemic ophthalmological disorders
8. Selected non healing wounds secondary to inflammatory processes
Conditions Accepted By ECHM 2016