Would You Fly with This Pilot?

Presented to: Civil Aviation Medical Association

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Panel Members

- Stephen Goodman, M.D., Deputy Federal Air Surgeon, FAA (Moderator)
- Stephen Veronneau, M.D., M.S., Manager, FAA Aerospace Medical Education Division
- John Raniolo, D.O., Cardiology
- John Hastings, M.D., Neurology
- Daniel Danczyk, M.D., MPH, Psychiatry/Addiction
- David Schall, M.D., ENT, Regional Flight Surgeon, FAA
Case 1: Addiction
Case 2: Neurology
Case 3: Cardiology
Case 4: Psychiatry
Case 5: Cardiology
Case 6: Otolaryngology
Case 1: Addiction

• History
  – 50+ yo commercial pilot with 8,900 hours
  – HIMS AME describes inpatient rehab/subst. abuse
  – History of non-insulin dependent diabetes, HT, gout
  – Drinks 1-2x/week
  – No use of illicit drugs

• Desires return to ATP duties

Based on what you know so far...
Would you fly with this pilot?

YES

NO
Case 1: Addiction (Discussion)

- 3 years ago, multiple orthopedic surgeries
- Prescribed Percocet
- Taking wife’s oxycodone/buying off street
- Used 2 days/off 7 for drug testing
- Snorted Oxycodone
- Snorted Fentanyl, discovered by son, 911 called, ER transport
- Successful treatment/well-known recovery center
- Admits substance abuse disorder
Case 1: Addiction - Discussion

• Additional Information
  – No other history of mental health problems
  – No arrests, DUls or other legal problems
  – Supportive Family
Case 1: Addiction - Determination

• FAA determination
  – SI withdrawn for DM
  – Actively followed by HIMS AME
  – Ongoing monitoring, regular testing, attendance in self-help program, visits with AME
  – After 6 months satisfactory eval. from HIMS Psychiatrist and Neuropsychologist
Case 2: Neurology

• History
  – 34 yo Commercial/Flight Instructor 500+ hrs
  – Assaulted; found by MET with Glasgow score of 3
  – Full body CT found 1 cm epidural hemorrhage without mass effect; occipital skull fracture
  – Urgent ventriculostomy placed

• F/U CT - enlargement of epidural to 2.1 cm
  – Emergent craniotomy and evac. w/ skull fracture repair

Based on what you know so far...
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YES

NO
Case 2: Neurology - Discussion

• Additional Information
  – BAC at ER was .309
  – Brief neurology eval. after rehab reported as normal
  – CogScreen AE LRPV score of 0.277 (normal, 50% for Gen Av Norms)
  – NP testing, weak math perf., otherwise adequate
  – Completed alcohol dependence treatment
Case 2: Neurology- Determination

- FAA determination
  - Denied for alcoholism and severe TBI
  - Pilot completed treatment, but was reluctant to accept he had a problem with alcohol
  - Down 5 yrs due to TBI (subdural hematoma, subarachnoid hemorrhage, hemorrhagic parenchymal contusions
  - Reconsideration after 5 yrs
    - observation for TBI and seizure free
    - Successful abstinence and monitoring/ acceptable HIMS psych and neuro-psych evals.
Case 3: Cardiology

• History
  – 23 yo 3\textsuperscript{rd} class (mechanic)
  – History of chest surgery at 18 yo for pericardial cyst removal
    • .5 cm pericardial cyst adj. to left space with some compression of left apex
    • Mini-thoracotomy with evacuation

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Case 3: Cardiology- Discussion

• Additional Information
  – Recurrent chest pain at 20 y/o
  – Stress test- 13 minutes, 15 METS, Stage 5 Bruce
    • Max HR 185 (108%); normal EKG; no ischemia
  – CXR negative; PFTs normal; TSH normal
Case 3: Cardiology - Determination

- FAA determination:
  - FAA request for current status
  - Asymptomatic; BMI 29; CXR negative
  - TSH 6.2; T Chol 214; TRIG 267
  - Started on Synthroid
  - CACI for Hypothyroidism and Asthma
Case 4: Psychiatry

• History
  – 19 yo; 1st Class applicant (student; 2nd app)
  – 1st app issued then denied for Hx of Asperger’s syndrome (did not provide P&P eval)
  – New app noted epi-pen for peanut allergy
  – Loratadine for SAR (no recent events)
  – 2nd app deferred

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1. YES
2. NO
Case 4: Psychiatry - Discussion

• Additional Information
  – Discharged for therapy at 14 y/o- positive prognosis
  – Current NP testing demonstrated average to significantly above average ratings in most areas
  – Current Psych eval:
    • No history or evidence of other mental health disorders
    • Mental status exam generally unremarkable
    • Excellent insight into his diagnosis
    • DX: Autism spectrum disorder without intellectual impairment
Case 4: Psychiatry - Determination

- **FAA determination:**
  - Certify with SI T/L certificate (12 months)
  - Annual follow up
    - Current status report from treating physician
    - Current operational experience report from CFI
Case 5: Cardiology

• History
  – 37 yo first time applicant for 1\textsuperscript{st} Class
  – At 32 yo developed symptoms of pre-syncope and palpations at work
  – Eval found him in SVT
    – Did not convert with adenosine
    – Did revert to NSR with beta blockers

Based on what you know so far...
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- YES
- NO
Case 5: Cardiology - Discussion

• Additional Information
  – Normal Trans-thoracic echocardiogram
  – EP study showed AV inducible SVT foci- successfully RF ablated
  – Current 24 hr. Holter Monitor noted HR between 44 and 118 (avg. 68)
  – No tachycardia; rare ventricular and SVT ectopics; no ST depression
  – Echo essentially normal EF65%
  – Current pulmonary eval.
    – History of mild persistent asthma treated with Advair and Ventolin
Case 5: Cardiology - Determination

- FAA determination:
  - CACI for Asthma
  - F/U 1 year
  - Warned for history of AVNRT treated with RF ablation
Case 6: ENT

**History**
- 65yo 3rd Class with 2K hrs flying time
- Found to have SCC of L Nasal cavity May 2016
  - Poorly Diff, p16(+), Margins (+), PET shows 1.8cm LN
  - Repeat surgery and XRT 6400 cGy (Eye/Brain shielded)
- Hx of Prostate Ca Tx’d w Surg 2012
- Nonarteritic Anterior Ischemic Optic Neuropathy (NAION) in 1998 OD; later OS
  - Bilat VF loss, VA 20/20 OU
- SNHL AU
  - Audio shows Bilat Mod to Severe HFSNHL w 3KHz notch to 80 dB, Passes AME conversational voice test.
- Hx of single episode of SVT in 2009-Neg CVE

**Based on what you know so far...**
Would you fly with this pilot?

YES

NO
Case 6: ENT - Discussion

- Recent PET/CT shows inflammation but no Ca
  - Favorable current status report from Physician

- Prior FAA Exams did not disclose NAION Hx
  - Additional VF’s and Eye info obtained-favorable
  - Requested MFT with special attention to landing
    and identifying small objects inferiorly – Passed-SODA

- Placed on SI for Hx of SCC and NAION
QUESTIONS?