**Title: Hyperbaric oxygen therapy (HBOT) - November 2000**

**Agency:** Medicare Services Advisory Committee (MSAC) Commonwealth Department of Health and Ageing GPO Box 9848 Canberra ACT 2601 Australia [**http://www.msac.gov.au**](http://www.msac.gov.au/)

**Reference: MSAC applications 1018-1020. Assessment report ISSN 1443-7120.**

**Aim**

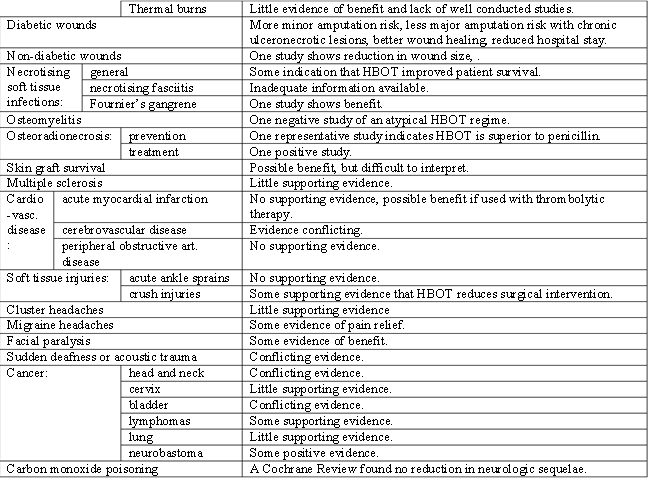
To assess the safety and effectiveness of HBOT and whether public funding should be supported.

**Conclusions and results**

*Safety* HBOT carries some risk of myopia, barotrauma, claustrophobia and oxygen toxicity, but most

effects are self-limiting and life-threatening events are rare**.**

*Effectiveness*



*Cost-effectiveness* HBOT is cost-effective for diabetic wounds and nectrotising soft-tissue infections, but may cost

$28,480 per case of osteoradionecrosis avoided.

**Recommendations**

Public funding for HBOT in monoplace or multiplace chambers be supported for decompression illness, gas

gangrene, air or gas embolism for which no alternative treatment exists, diabetic wounds (including gangrene and foot ulcers), necrotising soft tissue infections (including necrotising fasciitis), Fournier’s gangrene and prevention and treatment of osteoradionecrosis.

**Method**

MSAC conducted a systematic review of the biomedical literature from 1966 to 1999 using biomedical electronic databases, the Internet and international health technology agency websites. Reference lists of publications and

textbooks were consulted. Cost effectiveness is based on expert advice on HBOT costs and effectiveness evaluation

in this report. Prepared by the Centre for Clinical Effectiveness, Australia