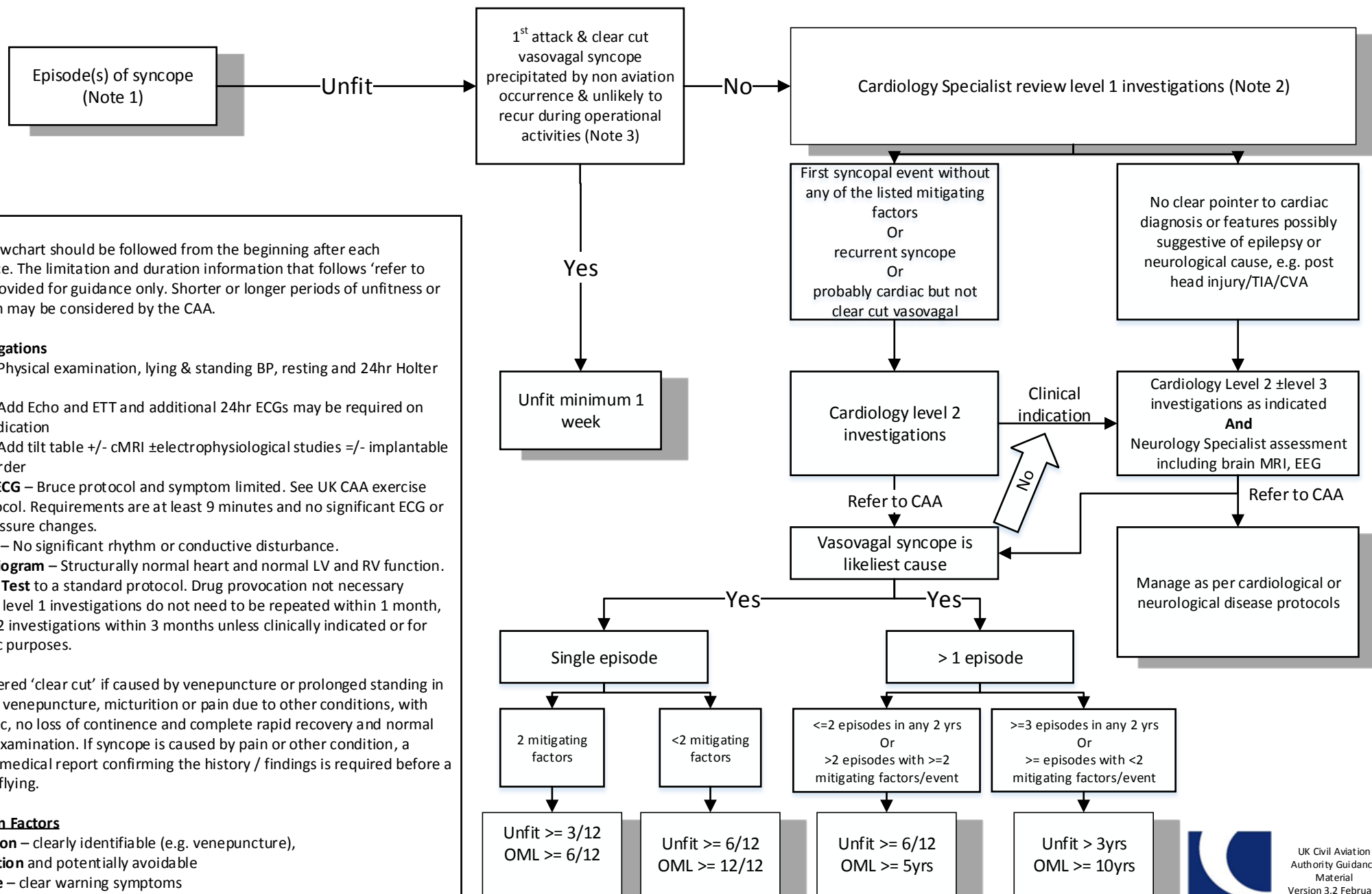


Class 1 Certification: Syncope (including recurrent episodes)



Notes:

1) This flowchart should be followed from the beginning after each occurrence. The limitation and duration information that follows 'refer to CAA' is provided for guidance only. Shorter or longer periods of unfitness or restriction may be considered by the CAA.

2) Investigations

Level 1 – Physical examination, lying & standing BP, resting and 24hr Holter ECG

Level 2 – Add Echo and ETT and additional 24hr ECGs may be required on clinical indication

Level 3 – Add tilt table +/- cMRI ±electrophysiological studies +/- implantable loop recorder

Exercise ECG – Bruce protocol and symptom limited. See UK CAA exercise ECG protocol. Requirements are at least 9 minutes and no significant ECG or blood pressure changes.

24hr ECG – No significant rhythm or conductive disturbance.

Echocardiogram – Structurally normal heart and normal LV and RV function.

Tilt Table Test to a standard protocol. Drug provocation not necessary

Note that level 1 investigations do not need to be repeated within 1 month, nor level 2 investigations within 3 months unless clinically indicated or for diagnostic purposes.

3) Considered 'clear cut' if caused by venepuncture or prolonged standing in heat/sun, venepuncture, micturition or pain due to other conditions, with LOC<30sec, no loss of continence and complete rapid recovery and normal physical examination. If syncope is caused by pain or other condition, a specialist medical report confirming the history / findings is required before a return to flying.

Mitigation Factors

Provocation – clearly identifiable (e.g. venepuncture), **Non-aviation** and potentially avoidable

Prodrome – clear warning symptoms

Posture – occurred on standing but not sitting or while lying flat.