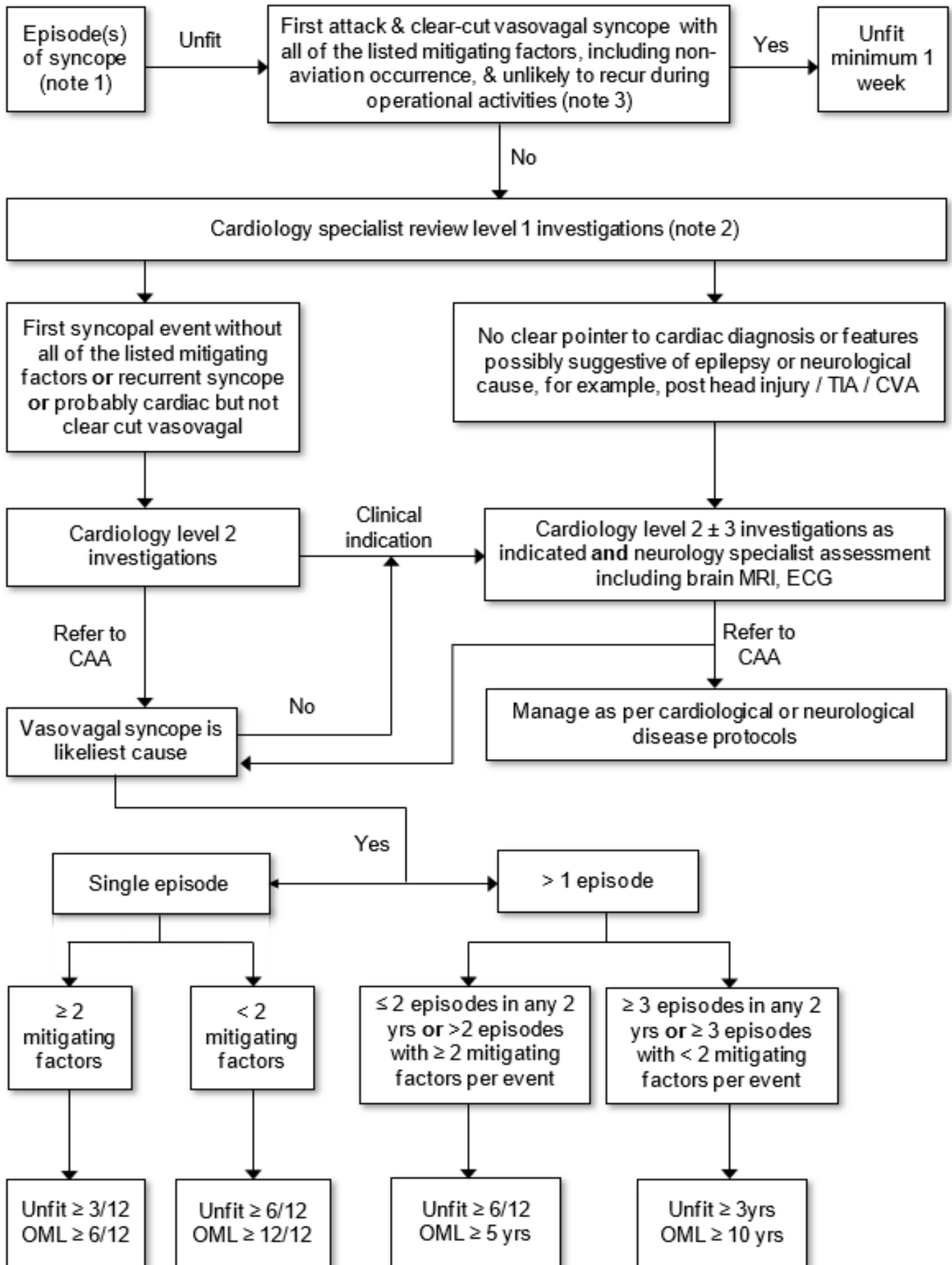


# Class 1 Certification: Syncope (including recurrent episodes)



The flow chart in this document sets out the process to be followed for Class 1 medical certification after an episode or episodes of syncope. Except in the case of a first attack of clear-cut vasovagal syncope precipitated by non-aviation occurrence and unlikely to recur during operational activities, there is a requirement for a review by a cardiology specialist. The outcome of that review will determine what further investigations are required and the certification decision.

## Notes to syncope flow chart

### Note 1

The 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.

### Note 2

#### Investigations

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

Level 2 – Add echocardiogram and exercise ECG. Additional 24hr ECGs may be required on clinical indication.

Level 3 – Add tilt table ± cMRI ± electrophysiological studies ± implantable loop recorder.

**Exercise ECG** according to 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** with no significant rhythm or conductive disturbance.

**Echocardiogram** showing 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 for diagnostic purposes.

### Note 3

Considered 'clear cut' if caused by venepuncture or prolonged standing in heat / sun, venepuncture, micturition or pain due to other conditions, with LOC < 30 sec, 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.

### Mitigating factors

- **Provocation** – clearly identifiable (for example, venepuncture)
- **Non-aviation** and potentially avoidable
- **Prodrome** – clear warning symptoms
- **Posture** – occurred on standing but not sitting or while lying flat

Please print this document and take to your specialist advisor