

CHAPTER 8 - THE REPRODUCTIVE SYSTEM

1 INTRODUCTION

In the male abnormalities are usually associated with obstruction, infection and/or malignancy.

In the female the situation is rather more complex as a result of the menstrual cycle and pregnancy where a wide range of 'normality' occurs and which can incapacitate under certain circumstances.

2 MALE REPRODUCTIVE SYSTEM

2.1 Infection

Urethritis, prostatitis, epididymitis may be associated with acutely incapacitating or distracting discomfort. Purulent discharge and/or painful swelling will lead to medical consultation, diagnosis and treatment. The pilot must be assessed as temporarily unfit until symptoms have fully cleared and only medication acceptable to the AMS is being used.

2.2 Prostatic hypertrophy

Usually occurs over age 50 and affects micturition. A consultant opinion may be required when symptomatic, and is required after surgery or other treatment. The individual must be fully asymptomatic before returning to flying.

2.3 Testicular and prostatic malignancy

See oncological chapter for recommendations.

3 FEMALE REPRODUCTIVE SYSTEM

3.1 Menstrual disorders

Dysmenorrhoea or pre-menstrual syndrome requiring medication should be reviewed to ensure that there are no side effects. The use of oral contraceptives is acceptable, however, an initial trial should take place while the individual is not flying to ensure that side effects are minimal.

3.2 Gynaecological conditions

A variety of such conditions may have sufficient clinical symptoms to require specialist opinion. Any symptoms or conditions requiring such an opinion should be discussed with the AME and/or AMS before continuing to ensure that the condition and/or treatment is compatible with flying.

3.3 Gynaecological surgery

Major gynaecological surgery is disqualifying for a minimum of three months. The AMS may consider earlier recertification if the holder is completely asymptomatic and there is only a minimal risk of secondary complication or recurrence.

3.4 **Breast pathology**

Minor degrees of fibroadenosis causing discomfort is normally transient, however, if severe enough to cause restriction of movement while wearing a restraining harness while at the controls, a further opinion should be sought. (Carcinoma of the breast is considered in the oncological section.)

These assessments apply to Class 1 and Class 2

4 PREGNANCY

Pregnancy is a normal physiological process, however, major anatomical and hormonal disturbances are associated with it which increase the risk of incapacitation accordingly. Thirty to forty per cent of pregnant women bleed or have cramping pains some time during the first twenty weeks of pregnancy. Twenty per cent spontaneously abort; the majority of these take place within the first trimester. Under these circumstances it is important that the supervising physician can confirm pregnancy and apparent normality before the pilot continues flying. The AMS shall provide written advice to the applicant and the supervising physician regarding potentially significant complications of pregnancy (see paragraph 4.1 below). Continuous antenatal care is vital to the early detection of abnormalities and so monthly assessments are required to maintain certification up to twenty six weeks. Beyond this point the incidence of gastro-intestinal disturbance associated with hormonal and anatomical displacement is such that even multi-pilot (Class 1 'OML') or safety pilot (Class 2 'OSL') operation may be compromised, and so a temporarily unfit assessment is appropriate.

The AMS may approve certification of pregnant air crew for multi-pilot (Class 1 'OML'), single-pilot (Class 2) operations during the first 26 weeks of gestation following review of the obstetric evaluation. Monthly obstetric reports are required.

4.1 **Pregnancy and flying – information sheet**

Pregnancy is a normal physiological process, however, major anatomical and hormonal disturbances are associated with it which increase the risk of incapacitation accordingly. The pregnant pilot must also consider the cumulative effects of pressure changes and radiation exposure upon the developing foetus although these are not of immediate flight safety concern.

As flying is a demanding task, changes which only normally cause inconvenience can have significant safety implications in a pilot. A pilot shall consider herself disqualified and should contact a specialist in aviation medicine if she feels unwell or if any of the following occur during the period when flying is permitted (up to 26 weeks).

- a Faintness, dizziness or vertigo.
- b Nausea or vomiting.
- c Anaemia (haemoglobin 10 g/dl or less).
- d Glycosuria or proteinuria (sugar or protein in urine).
- e Urinary tract infection.
- f Any kind of vaginal bleeding (including 'spotting').
- g Abdominal pain.
- h High blood pressure.

Two copies of this information sheet are enclosed. It may be helpful for you to give one to your supervising physician or midwife for inclusion in your notes. Further advice is available from (details of AMS for each Member State to be included here).

4.2 **Re-examination after pregnancy**

Following confinement or termination of pregnancy, the individual may be considered for re-certification after examination has been carried out to confirm involution has taken place (normally four to six weeks after confinement or termination).

5 MAJOR SURGERY OF THE REPRODUCTIVE SYSTEM

5.1 **Male**

Orchidectomy or other major testicular surgery must be assessed against the normal surgical criteria for aviation, even apparently minor surgical procedures, such as ligation of the vas deferens (vasectomy) may produce complications that require extensive grounding. Each case requires aeromedical assessment prior to continuing flying.

5.2 **Female**

Gynaecological procedures may vary greatly in extent, however, virtually all are potentially incapacitating and some require extensive periods of recovery (hysterectomy).

5.3 **Medical conclusion**

It is not possible to lay down specific guidelines for each procedure, however, accredited medical conclusion i.e. applicant's physician plus Aeromedical specialist under supervision of the AMS, should be able to agree suitable recovery periods. These must be based upon the aviation requirement of full physical strength and resistance to fatigue throughout all phases of flight and possible emergency conditions.

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