



GOVERNMENT OF INDIA
OFFICE OF DIRECTOR GENERAL OF CIVIL AVIATION
TECHNICAL CENTRE, OPP SAFDARJANG AIRPORT, NEW DELHI

CIVIL AVIATION REQUIREMENTS
SECTION- 7, FLIGHT CREW STANDARDS
SERIES 'C', PART IV
ISSUE I, OCT, 2017

EFFECTIVE: FORTHWITH

SUBJECT: DISPOSAL POST ABDOMINAL SURGERY CASES.

1. INTRODUCTION

- 1.1 Rule 39B of the Aircraft Rules, 1937 stipulates that no licence or rating required for any of the personnel of the aircraft shall be issued or renewed unless the applicant undergoes a medical examination with an approved medical authority and satisfies the medical standards as notified by the Director General.
- 1.2 This CAR is issued under Rule 133B and lays down the requirements for disposal of cases relating to Medical Fitness of Candidate/ Aircrew who have undergone Abdominal Surgical Procedures.
- 1.3 With the issue of this CAR, AIC 05/2007 on Disposal of Post Abdominal Surgery in Civil Aircrew stands cancelled.

2. CONVENTIONAL ABDOMINAL SURGERY / INGUINAL AND INCISIONAL HERNIAS

- 2.1 An aircrew with a well healed scar shall be observed on ground for a minimum period of 12 weeks. 12 weeks after successful uncomplicated 'Conventional Surgery', aircrew shall be assessed at IAM/ AFCME/MEC (East) with fresh USG (KUB) and opinion of treating specialist. Based on a complimentary clinical status, they shall be awarded medical category 'Fit PIC with QEP' for three months.
- 2.2 In the Subsequent review at IAM/ AFCME/MEC (East), subject to maintaining asymptomatic status and no recurrence, the aircrew may be considered fit without limitation.
- 2.3 Disposal of cases of recurrent hernia or complications post-surgery shall be decided on the merits of each case.

3. OTHER LAPROSCOPIC ABDOMINAL SURGERY / INGUINAL AND INCISIONAL HERNIA

- 3.1 Initial period unfitness shall be 04 weeks. After successful uncomplicated 'Laprosopic Abdominal Surgery', aircrew shall be assessed at IAM/ AFCME/MEC (East) with fresh USG (KUB) and opinion of treating specialist. Based on a complimentary clinical status, the aircrew shall be awarded medical category 'Fit PIC with QEP' for 04 weeks.
- 3.2 In the Subsequent review at IAM/ AFCME/MEC (East), subject to maintaining asymptomatic status and no recurrence, the aircrew may be considered fit without limitation.
- 3.3 Disposal of cases of recurrent hernia or complications post-surgery shall be decided on the merits of each case.

4. RENAL CALCULI

- 4.1 Cases of renal calculi, upon detection, shall be taken off flying and declared 'Temporary Unfit'. Aircrew with renal calculi shall not be assessed fit for flying duties till successfully operated.
 - 4.1.1 Lithotripsy: Cases of renal calculus treated by lithotripsy shall be observed on ground for 04 weeks after treatment. The review shall be held at IAM/AFCME/MEC (East) and shall be investigated by USG to rule out the presence of residual stone/ debris/ persistent changes. Subject to details noted by treating specialist, maintain asymptomatic status, and USG showing no recurrence. The aircrew may be considered fit.
 - 4.1.2 Conventional Surgery: 12 weeks after successful uncomplicated conventional surgery aircrew shall be assessed at IAM/AFCME/ MEC (East) with a fresh USG (KUB) and opinion of treating specialist. Based on a complimentary clinical status, the aircrew shall be awarded of medical category 'Fit PIC with QEP' for three months. In the subsequent review at IAM/ AFCME/MEC (East), subject to maintaining asymptomatic status and USG showing no recurrence, the aircrew may be considered fit without limitation.
 - 4.1.3 Cases with Complication/ Recurrence: Cases with complications of surgery and recurrence shall be disposed off on a case to case basis on the merits of the case.

5. GALL STONE DISEASE AND GALL BLADDER POLYPS

- 5.1 The presence of gall stones & Polyps indicates unsuitability for flying duties till complete recovery. All cases of gall stones, even if asymptomatic, shall require surgical removal for award of flying status.

- 5.1.1 Laparoscopic Cholecystectomy: After laparoscopic Cholecystectomy, the aircrew shall be assessed after four (04) weeks at IAM/AFCME/MEC (East). Subject to a normal clinical status and the evaluation (including LFT/USG) being normal, aircrew shall be considered fit without limitation.
- 5.1.2 Conventional Surgery: 12 weeks after successful uncomplicated conventional surgery aircrew shall be assessed at IAM/AFCME/MEC (East) with fresh USG (KUB), LFT and opinion of treating specialist. Based on a complimentary clinical status, the aircrew shall be awarded of medical category 'Fit PIC with QEP' for three months. In the subsequent review at IAM/ AFCME/ MEC (East), subject to maintaining asymptomatic status and USG showing no recurrence, the aircrew may be considered fit without limitation.
- 5.1.3 Cases with Complication/ Recurrence: Cases with complications of surgery and recurrence shall be disposed off on a case to case basis on the merits of the case.

6. **APPENDICECTOMY**

- 6.1 Cases of Laparoscopic Appendicectomy, following clinical recovery shall be assessed at IAM/AFCME/MEC (East) along with USG and opinion of treating surgeon atleast four (04) weeks after surgery. Based on full recovery, the aircrew may be considered fit. Appendicectomy by conventional abdominal surgery shall be dealt with as per provisions of Para 5.1.2 above.

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