



TREK INFORMATION

SAFETY & MEDICAL

Safety is absolutely paramount with an undertaking such as a trek to Everest Base Camp. What is detailed below is not written to engender fear, rather it is an attempt to increase your awareness of the potential problems that can occur throughout the trek.

THE EFFECTS OF ALTITUDE

Altitude sickness is caused by reduced levels of oxygen/air density. The human body is well capable of adjusting to altitude - the actual individual rate of acclimatisation is a genetic factor - but the process takes time; the best way to minimise the symptoms of hypoxia is to ascend slowly.

As you ascend to high altitude your bodies have to acclimatize to the decreasing amount of oxygen in the atmosphere. Failure to acclimatize, usually due to a too rapid ascent above 2000m (6500ft), results in symptoms of altitude illness. These problems are common above 2500 m (8200 ft) and present in the following ways:

- Acute Mountain Sickness (AMS) is the most common and is not life-threatening
- HACE (High Altitude Cerebral Edema) is a life-threatening illness that can develop from AMS
- HAPE (High Altitude Pulmonary Edema) is a life-

threatening illness; it may occur on its own, or with AMS or HACE.

These three presentations of altitude illness can vary from mild to severe. It is for this reason that we employ the services of the very best and most experienced guides.

One can prevent AMS, HACE and HAPE by acclimatising wisely. For that reason we look to maximise our time acclimatising slowly. The most common preventable causes of altitude illness are gaining height too rapidly and over-exertion. We walk at a steady plod with regular rest/drink breaks. There is no virtue in pushing on or striving to finish at the front. Aim to avoid getting out of breath! If you are struggling to keep up with the group, do not hesitate to speak up so that timely help can be given.

While dehydration does not increase the risk of altitude illness, it does interfere with performance (so does over-hydration, especially without salts replacement!). The only way to be sure you are drinking enough is to keep your urine 'pale and plentiful'. This may mean drinking as much as 4 to 6 litres of fluids per day (as water, tea, soup, etc.). You should avoid all sedative drugs (antihistamines, tranquilizers, sleeping pills, etc.) as they suppress

respiration and therefore increase the risk of altitude illness. This includes alcohol.

We monitor, morning and night, clients' pulse and blood oxygen content. By doing this we glean valuable information about how your body is dealing with the altitude adjustment. This enables us to plan accordingly should adjustments be outside what is considered normal.

You may consider taking Diamox, an oral drug (in tablet form) widely used to combat the effects of mild altitude sickness by causing the body to breathe more deeply during sleep. This is of course a personal preference and it is important to seek professional medical advice before leaving home. Diamox is a diuretic so we need to be particularly careful of the level of fluid intake during your climb.

Be aware that Diamox may cause an allergy and it must be avoided if there is past history of a severe adverse reaction to Diamox or sulphur containing drugs (mainly sulphonamide-type antibiotics such as Co-Trimoxazole, Septrin, Bactrin). If the sulphur allergy is mild (rash, diarrhoea etc.) a test dose or two of Diamox could be tried well before departure (do not do this if the sulfa allergy is severe!).



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Some common side effects of Diamox:

- Extra urine output. Worries about this tend to be exaggerated. Keep your urine pale and plentiful. Use a pee bottle (sanifem for women) at night in Base Camp to avoid getting cold or falling while going outside to the toilet.
- The most obvious side effects are paraesthesia (tingling) in lips, fingers, toes, and a metallic taste when drinking carbonated drinks. Both symptoms are milder with lower doses and disappear on stopping the medication.
- Diamox can cause photosensitivity (sunburn more easily), so use your hat, sunscreen and gloves

A common concern about Diamox is that it will mask the onset of altitude illness. There is no evidence that Diamox masks the onset of AMS, HACE or HAPE; however, Diamox is not guaranteed to work. Even if someone is taking Diamox, AMS, HACE or HAPE may still develop.

The effects of some medications can be increased with altitude or under stressful exercise. It is important that clients consult their physician about any medication that they plan to take with them on the climb. It is wise to avoid taking any unnecessary medication.

PRE-EXISTING MEDICAL CONDITIONS

The following conditions need careful pre-departure assessment to ensure climbers are considered fit:

- Asthma and other respiratory problems
- Hypertension
- Cardiovascular disease. Untreated angina is a contraindication
- Diabetes
- Epilepsy
- Hip, knee or ankle problems
- Psychological problems - Trekking can be challenging emotionally and people going must be mentally stable.

A person with effectively treated depression who is emotionally and mentally stable may go trekking. A person with a psychotic illness should not go.

People with hypertension (high blood pressure) and asthma, may climb to altitude provided these conditions are mild to moderate, stable and well controlled, thoroughly assessed by a medical professional and have suitable preparations put in place. While climbing, an asthmatic should carry (in addition to their usual medication) a spacer, a course of antibiotic and oral prednisolone, and know how and when to use them in an attack. People with a history of unstable asthma, especially with severe attacks, are advised against

climbing. This is because air travel, allergens and infection can all precipitate asthma attacks, which are difficult to treat in a wilderness setting and potentially deadly.

Diabetics and epileptics may be at increased risk above 3000m.

Please note that contact lens wearers, especially those who use soft or long term lenses, should be sure to remove their lenses at night. The eye needs to absorb oxygen from the atmosphere and removing lenses at night gives the cornea a chance to absorb as much oxygen as possible, especially given the reduced oxygen levels at altitude. A condition known as Corneal Oedema can result from over-decreased oxygen absorption, although this is very unusual if lenses are removed each night.

MEDICAL EMERGENCIES

In the event of an emergency, Brad and Rob will assess the situation and formulate an evacuation plan. Evacuation is ordinarily done by helicopter.



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INOCULATIONS

Certain inoculations are recommended for travel to Nepal. Please consult your general practitioner or Traveller's Medical Centre for advice.

PERSONAL MEDICAL KIT

On the climb guides carry all basic medications but we recommend that all clients take a small, personal kit, which may include:

- Painkillers (aspirin/paracetamol - strong painkillers should not be taken as they may mask the symptoms of altitude sickness).
- Imodium or other anti-diarrhoeal tablets.
- Oral rehydration salts/sachets.
- Antihistamines.
- Blister treatment.
- Plasters/Band Aids.
- Antiseptic.
- Talcum Powder.
- Dressings, especially pressure relief for blisters.
- Sunscreen (Factor 15+).
- Antacids.

*Please Note: Altitude can effect menstrual cycles.

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The services of an experienced climb leader are crucial to the smooth and safe running of the excursion. Brad Horn will fill this role.

MEALS

Meals throughout the trek are best described as "home style" cooking. A varied menu (with lots of noodles and rice) is available and hygiene levels at our accommodations are good.

SNACKS

At altitude your body really burns the calories and you must keep refuelling. To that end please bring a selection of snacks of your preference eg. Chocolate bars, protein bars, jelly baby's, gel shots (the type used for cycling) etc.