

Pre monsoon 2011 season Report

“It’s attitude, not altitude”



Kitty, Helen, Lawrie , Rachel, Sarah

Walk from Lukla

Plenty of people get delayed a few days due to bad weather leaving Kathmandu (including the HRA team). We however were lucky enough to get our scheduled flight to Lukla. The domestic airport is pretty basic. Suggest take a bit of food and water, as well as some entertainment.

We put posters up all along the route from Lukla to Machermo – we had 24 made in Kathmandu for total price of around NR1800. For the first three days we also walked with a poster attached to the back of one of our packs – we got a few comments but it did raise awareness and we saw our first patient en route as a result.

We met a lovely Canadian couple, Chris and Heather, who we spent 2 days with from Monjo to Namche and they donated a Sats probe for Machermo

During the acclimatisation day in Namche it snowed, a sign of things to come! Lawrie and Helen spent the day walking to Thame and back. We thought it would a good idea to put up a couple of posters there to advertise ourselves to people coming over the Renjo La.



Mobile advertising and meeting Dr Kami at Kunde

We walked to Kunde Hospital and met with Dr Kami who was very welcoming. We then went via Kumjung to the Mong La, where we met our first two consultations. Two guys, from different parties both very breathless and looking pretty bad. We advised them both to descend and one to commence Diamox. We saw the second chap as our first official patient that evening in Phortse Tenga.

Arrival

As we headed up the Gokyo Valley we were quickly above the snowline. For the first week or so the water inside froze and the water pipe would not run until around midday. Despite this, we quickly made ourselves at home and got into the Machermo rhythm – breakfast at 7.30am, getting beaten by Chhewang at table tennis in the morning, hot juice at 10am, lunch at 12, walk around followed by the altitude talk, and then tea and getting beaten at snakes and ladders by Chhewang in the afternoon.

We opened on the 12th March.

Initial jobs included going through the drug and equipment inventory. For the drugs we used Excel, based on a previous inventory we found. For the equipment we used the inventory created by James last season. We also set up a patient database using the “HanD base system” which was very quick and easy to make.

About the end of the first week, we had nearly 24 hours of extremely high winds which even Kancha and Chhewang found unusual. Chhewang had to put a couple more nails in the roof of the sunroom just before the talk as it was making scary noises whilst Snowland Lodge’s roof got completely blown off. During the first three weeks it was pretty quiet and we made the most of the time before opening Gokyo, to each get some time away. We also had a visit from all 3 of the doctors from Pheriche HRA post.

Rachel and Sarah arrived earlier than expected. Unfortunately the day they arrived at Machermo there was only Kancha there to greet them. Kitty had gone on a quick trip to Gokyo to take some more medication up to Helen and Chhewang, and meanwhile Lawrie had been called down to see a sick patient at Dole. Poor Rachel thought she might have to do the talk herself that afternoon.

Clinical

Table 1 - Patient numbers Machermo

	<u>Locals</u>	<u>trekkers</u>	<u>Porters/guides</u>	<u>Total</u>
Week 1 12/3 – 18/3	0	3	2	5
Week 2 19/3 – 25/3	5	6	0	11
Week 3 26/3 – 1/4	3	5	5	13
Week 4 2/4 – 8/4	2	12	7	21
Week 5 9/4 – 15/4	5	8	8	21
Week 6 16/4 – 22/4	1	9	8	18
Week 7 23/4 – 29/4	2	13	4	19
Week 8 30/4 – 6/5	5	13	8	26
Week 9 7/5 – 14/5	3	7		10
Total	26	75	42	144
%	18%	53%	29%	

NB plus Gokyo = 177 patients seen – one entered twice.

Table 2 – Diagnoses for Machermo patients

Condition	Porter/Guide	Local	Trekkers	total
AMS - mild	7	1	24	32
AMS – mod-severe	0	0	6	6
HAPE			8	8
HACE			1	1
GI - gastroenteritis	3	4	23	30
GI - gastritis	4	1	0	5
LRTI/URTI	20	10	21	51
? cardiac pain	1		2	3
Skin/Soft tissue/MSK	10	9	5	24
constipation		1	3	4
Abdo - other		1	1	2
Dental		1		1
Eye	1	2		3
Other	2		2	4

Other = worried well, hypertension, vasovagal, run out of phenobarbitone!

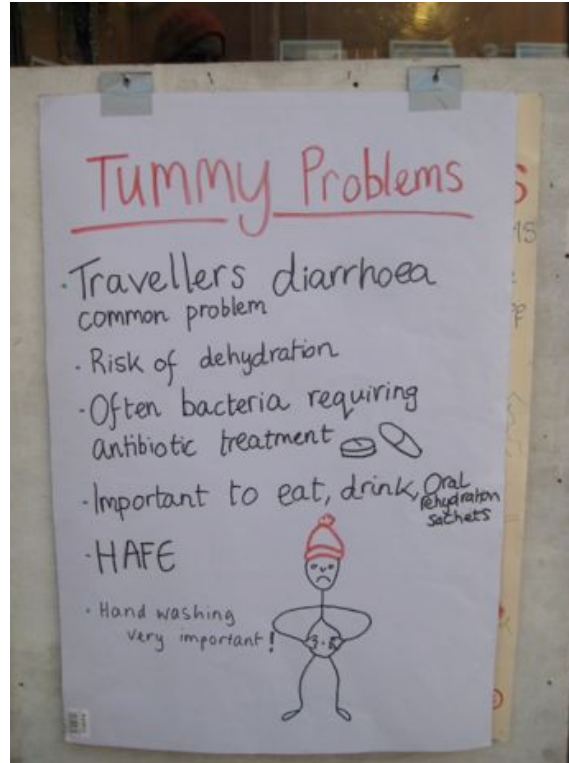
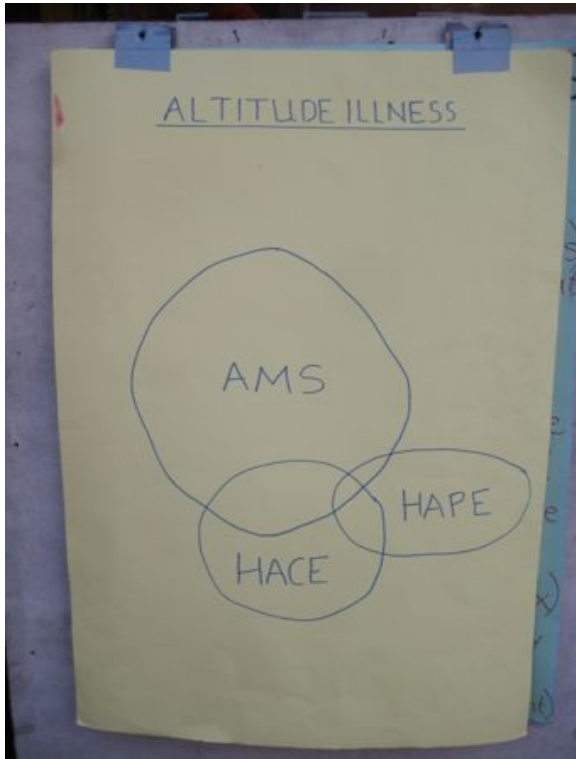
Table 3 - Evacuations from Machermo

Classification	Age	Gender	Mode	Diagnosis	Date
Trekker	59	F	Helicopter	AMS/?HACE. Chest pain, ? cardiac.	1/04/2011
Trekker	55	F	Helicopter	AMS/HAPE	3/4/2011
Trekker	14	M	Helicopter	LRTI/AMS	9/4/2011
Trekker	9	M	Helicopter	LRTI/AMS	9/4/2011
Trekker	40	F	Helicopter	HAPE	9/4/2011
Trekker	50	F	Helicopter	HAPE/AMS	16/4/2011
Trekker	26	M	Doko	Gastro enteritis/AMS	21/4/2011
Trekker	31	M	Helicopter	HACE	24/04/2011
Trekker	38	M	Helicopter	Gastroenteritis/weakness	29/04/2011
Local	18	F	Doko	Pneumonia	4/04/2011
Trekker	42	M	Helicopter	HAPE/AMS	3/4/2011
Trekker	58	F	Helicopter	Severe AMS + HAPE	09/05/2011
Trekker	31	M	Helicopter	Pneumonia/HAPE	09/05/2011

Talks

On our first day, within about 4 hours of arriving, we got 21 people for the talk, possibly evidence our advertising had been too good. We had 3 days with no attendance.

We made two new “slides” for the talk – see pictures below. Not as artistic as the others I’m afraid!



An English graphic designer, Mark Broadhurst, who came to the talk one day, has offered to do all our slides professionally for free. We just need to send him photos of all the slides and he will do them, send them by email for inspection and then print them for us in whatever size we want.

Table 4 - Talk attendance

	<u>Number</u>
Week 1 12/3 – 18/3	45
Week 2 19/3 – 25/3	53
Week 3 26/3 – 1/4	59
Week 4 2/4 – 8/4	147
Week 5 9/4 – 15/4	153
Week 6 16/4 – 22/4	120
Week 7 23/4 – 29/4	112
Week 8 30/4 – 6/5	88
Week 9 7/5 – 14/5	44
Total	821

Sats ladder

We continued the O2 sats challenge as per the last few seasons. Numbers are below. We took the numbers from last season (it took quite an effort to scrape all the names off the wall, although warm water from Kancha is recommended). This was very popular and gave us a brief chance to reassure or raise concern as appropriate. It is well worth having a couple of sats monitors for this, especially if you have a big group.



Table 5 – Number of oxygen saturations measured per week.

	<u>Sats measured</u>
Week 1 12/3 – 18/3	24
Week 2 19/3 – 25/3	42
Week 3 26/3 – 1/4	50
Week 4 2/4 – 8/4	103
Week 5 9/4 – 15/4	106
Week 6 16/4 – 22/4	96
Week 7 23/4 – 29/4	110
Week 8 30/4 – 6/5	49
Week 9 7/5 – 14/5	35

Questionnaire

Kitty, along with Nick and friends at www.altitude.org designed a questionnaire for trekkers coming through Machermo. We took 250 copies of the questionnaire from Kathmandu and got them all filled in. We handed out the questionnaire at the post before the talk. It covered some basic information on the trekkers, if they had had any altitude education and then asked a number of multi choice questions about their knowledge of altitude illness. I will be looking at the data over the summer and hopefully will get something publishable out of it.

Sales

Table 6 - Sales

	<u>Sold</u>	<u>Left at end of season</u>
T shirts	114	111
Badges	75	12
Hand gel	14	0

Gokyo

We planned to open Gokyo on 1/4/11 however we had our first overnight patient the night before who was then evacuated by helicopter the next day so departure was postponed. The following day was Saturday, which we were informed by Chhewang, is an inauspicious day to travel in Sherpa culture so Helen and Chhewang eventually left on the 3rd.

This season we had the clinic at Nawang Friendship Lodge. Overall we all felt it was a good choice. The dining room is reasonably large but still manages to be cosy. If there is any sun in the afternoon it stays pretty warm and they are generous with the yak dung in the evenings! The owner, Angji, and the two boys in the kitchen were all very kind and friendly. Food and hot drinks were good and plentiful We got 2 rooms next to each other with Chhewang sleeping in the clinic room. The bedrooms and therefore the clinic room were pretty cold though. Average temperatures in the rooms in the morning in the first 2 weeks were around -8.

Gokyo Resort's Mr Sharma is very warm towards all the doctors. They also have a tent at Gokyo Resort they will lend if you want to go exploring.

One suggestion for next season would be to do a “walkabout” in Gokyo every afternoon as the posters only have limited effect. You may find yourself doing an altitude talk occasionally, but it would definitely raise the profile.

We saw 32 patients in total at Gokyo

Table 7 - Gokyo patients

	<u>Locals</u>	<u>Porters/guides</u>	<u>Trekkers</u>	<u>Total</u>
Week 1	5	-	4	9
Week 2	2	3	4	9
Week 3	7	-	1	8
Week 4	3	2	1	6
Total	17	5	10	32

Table 8 – Gokyo patient diagnoses

<u>Condition</u>	<u>Porter</u>	<u>local</u>	<u>Trekkers</u>	<u>total</u>
AMS	2	1	5	8
HAPE		1	1	2
HACE	-	-	1	1
GI – D&V	1	-	6	7
GI - gastritis	1	1	-	2
LRTI/URTI	1	4	4	9
MSK/Trauma		1	1	2
Skin	-	2	1	3
Epistaxis	1			1
Abdo pain		1		1

Table 9 - Gokyo evacuations

<u>Classification</u>	<u>Age</u>	<u>Gender</u>	<u>Mode</u>	<u>Diagnosis</u>	<u>Date</u>
Trekker	41	F	Helicopter	Severe R lumbar/SIJ pain	5/04/2011
Trekker	57	F	Doko/porter	HACE	18/4/2011
Trekker	70	M	helicopter	AMS and diarrhoea	21/4/2011

NB - Helen walked one trekker who presented with HAPE down in the late evening with a lot of help from 3 Sherpas and arrived about 9pm in Machermo. The patient needed continuous oxygen until the helicopter arrived after 11 the next day.

Cases

All the lodge owners in the Gokyo Valley were complaining that it was a very quiet season – but we had double the number of patients than pre-monsoon 2010. We were told it was also colder than usual with more snow, although it did slowly warm up throughout the season. The Gokyo lakes were still frozen until the week before we left.

The Renjo La is becoming more popular and is potentially a way for trekkers to bypass Machermo en route to EBC over the Cho La. They would still have to go via Gokyo though.

1. Our first helicopter evacuation was the most perplexing! A 59 year old lady who presented in the early evening, having walked up from Dole that morning and then been in bed all afternoon, unable to get up. She had had headaches the last 2 evenings and poor sleep and now complaining of extreme fatigue – all of which sounded like barn door AMS but now she had also developed left sided chest pain with accompanying tingling in her left hand. She was on fluoxetine but had no cardiac history, her only risk factor being a positive family history. She did seem a little ataxic but she was also extremely weak. Her sats were 76% and her BP was 180/110. We got her to the post, put her on oxygen, Dexamethasone, Diamox and also gave her aspirin and Maxolon. The chest pain did not seem cardiac in nature and did not worsen on exertion plus 2 ECGs were unremarkable. She improved slowly over the night on oxygen and was feeling better in the morning. Because of weather the helicopter was delayed until around 2pm, by which time her symptoms were returning. Was it cardiac or not?

2. We also had a dermatological dilemma. The patient was a otherwise fit and well 19-year old porter. He had no systemic symptoms, despite lengthy questioning. He had a very tender, raised, crusted area on his right shin. He also had a similar healing area on the more medial aspect of his calf. On both calves he had multiple sunken areas where they had scarred. They started as a small itchy spot, before breaking down and worsening. His younger brother suffered from a less severe, but very similar problem. We suspected ecthyma and gave him a course of Augmentin, although also gave him a letter to take to his local hospital if it did not settle down as we were concerned that it could be autoimmune.



3. We got to know the staff and pupils of a South African college, extremely well. Around 30 of them came through in 2 groups. We saw 9 of them in all and ended up evacuating three – one woman with HAPE and two brothers (12&9) with URTIs/AMS were evacuated along with her. They came from a family of 6 – 2 adults and four kids. The youngest of the family were twins of nine, one of which had developed HAPE at Phortse Tenga and had been evacuated out from Kunde with her mother. We saw the father and 12 year old son at Machermo, on their way up, both with symptoms of AMS, the father with underlying diarrhoea and the son with a possible URTI. They sensibly stayed at Machermo with the 9 year old son while the elder daughter headed up with the group to Gokyo. Two days later the 9 year old presented with good going symptoms of a chest infection, which was the day we evacuated him and his older brother. The father was left to walk down after waiting for his daughter. They all had some symptoms of underlying infection as well as AMS– were they all unlucky or was there an underlying susceptibility to altitude? Rachel also probably caught the cold from them and was pretty unwell for a week after. They have said that in the future they plan to raise money for the IPPG.

4. One of the recurrent dilemmas we had was patients with chest pain. Given the relative hypoxic conditions as well as the other environmental factors, with limited diagnostic tools it was a difficult scenario to be dealt with, especially in someone who is fit, has no risk factors but gives a reasonable history. As such, it has been suggested that a bedside Troponin kit may be of use in selected situations.

Porter Shelter

Norbu ran the shelter again this season. It opened around the beginning of April and although it wasn't particularly busy there was a steady stream of porters staying throughout the season. We did start to design some health education posters to put on the walls but we did not get particularly far with this. There are still some A4 cold laminates that could be used for this.

Entertainment

We did the daily walk-around of the lodges between 1:30 and 2pm. All the lodge owners were friendly and seemed happy for us to be around. Some of the problems previously seemed to stem from calling helicopters. However, as doctors we were rarely involved and usually this was sorted out by the guide and Chhewang.

We all improved at table tennis, although Chhewang could still thrash us, some of us left-handed and whilst sitting down! We all learnt or re-learnt backgammon but only Lawrie had regular success at beating Kancha and Chhewang. We played Snakes and Ladders regularly, until Rachel arrived and made our own Machermo version: HACE/HAPE & prayer flags (sound effects mandatory!) We didn't make much use of the guitar this season but we did read our way through a lot of the library. We allowed a couple of books swaps, but only for generally accepted good reads. Although there are a great selection of books, a Kindle worked very well. We all regularly went for walks up the ridges and round about. We also did a little bouldering but generally it was so cold and snowy that it wasn't always tempting.



Conclusion

Overall, we all had a fantastic time. It is an amazing country, and the people are wonderful. The chance to spend a decent amount of time in a place like Machermo where so many people just pass through is a very special one and we all really enjoyed it.

Edited by Jim Duff



Entertainment Machermo style – one of a number of snowmen Lawrie built, the serious business of table tennis, new national flags decorating the walls, team Machermo go running, backgammon became seriously addictive, Rachel and the pink blanket.