THE PLANET TRAVELLER

Paragon, #04-15/16, Tel: 6732 5172, Fax: 6732 5173

Website: www.planettraveller.com
E-mail: planet@planettraveller.com

Outdoors
Travel Tips

Adventurer's Health Tips

Mountain Climbing, Hiking & Snakebite

It is a common phenomenon (more apparent in younger tourists) that once the more common tourist destinations have been visited, there is a tendency to travel to more "adventurous" areas. These trips usually include mountain climbing, trekking, hiking, camping, canoeing and white water rafting. The adventure traveller is exposed to diverse climates and geographic terrains. Listed below are some of the health problems that an adventurer traveller might face:

MOUNTAIN TRAVEL

Acclimatization to high altitudes occurs at above 2,500 - 3,000m above sea levels with changes to bodily functions that occur in response to lowered oxygen content. They include increase in the oxygen carrying capacity of the blood and the ability of tissues to extract oxygen from the blood.

Cold acclimatization
'Cold' denotes an immediate environment that is below body temperature and is likely to cause body temperature to fall. Adaptive responses to cold include circulatory adjustments to protect the temperatures of exposed body parts and metabolic changes to provide greater heat production to compensate for increased heat loss. Shivering is the earliest sign of the body's response. Travellers have to rely on insulation viz layers of body fat, trapped still air in clothing and housing to keep them warm. Prevention of the effects of cold thus depend upon the maintenance of body heat by an adequate supply of energy (food and drink), blocking heat loss and upon preservation of insulation.

Hypothermia
Climbers in a mountain setting will rapidly lose body heat and develop hypothermia. Hypothermia is defined as generalised chilling of a person such that he or she has a core temperature of 35ºC or less. The only reliable means of measuring core temperature is with rectal temperature. Climbers who are thin, tall and male are at greater risk of hypothermia. Early symptoms of hypothermia include feeling cold, shivering and having difficulty with fine hand movement. Signs include lethargy, poor concentration and inability to keep up with others. If body temperature falls below 35ºC, carelessness about the cold occurs and mental function deteriorates further. Seek medical help immediately. The patient should be evacuated and placed in a horizontal position with the head slightly down and protected from heat loss by removing damp or wet clothing. Rapid rewarming in water at 42ºC with inhalation of heated, aerosolized air is the best. Resuscitation facilities should ideally be available as the core temperature continues to fall for the first 15 minute of rewarming.

HIKING: SNAKES AND VENOMOUS ANIMALS

Anyone planning to travel off the beaten track in a tropical country should find out about the venomous fauna well before leaving home. Some people become sensitized to venoms if they are stung or bitten repeatedly. In this case, the allergic reaction to the venom may prove far more dangerous than its toxic effect.

Snakebite
Snakebite is an important cause of morbidity and mortality in Asia and Africa. Venom toxicity may cause extensive local tissue injury. Systemic toxicity comprises myocardial toxicity, failure of blood clotting and kidney failure. Neurotoxicity causes death as a result of respiratory failure.

To prevent snakebites, avoidance of walking or hiking through the bush and the use of long pants, high stockings and boots is advised. Knowledge of the local snake species and their physical appearance and behaviour is helpful in avoiding their habitat and determining if the snake is venomous.

The field management of snakebite includes rest and extremity immobilization with a splint or sling. A broad tourniquet must be applied tightly 2-4 inches above the site of the bite to prevent the spread of the venom. The tighter the tourniquet, the greater the risk of complications caused by local pressure and the restriction of blood flow. No tourniquet should be left in place for more than 2 hours.

The only specific remedy for snakebite is antivenom which is made in animals, usually horses by immunizing them with snake venom. Thus, snake venom always carries the risk of potentially serious reactions. To be optimally effective, the antivenom must be given by slow intravenous injection or infusion. Not all people bitten by snakes require antivenom.

People who need antivenom are those in whom there is evidence of systemic effects of the venom viz loss of consciousness, low blood pressure, failure of blood clotting, generalised pain and stiffness in the muscle and paralysis. Harmful measures such as cuts, suction, potassium permanganate crystals and electric shocks should be avoided. If the snake has been killed, it should be brought to the clinic or hospital for species identification.

Other venomous insects
These include scorpions, spiders and centipedes. Travellers must avoid sleeping directly on sand and check their shoes each morning before inserting their feet. Treatment for bites from these insects include local anaesthetic for pain relief and antivenom, if indicated.