

Life Changing Experiences

Mera Peak Expedition

16 April – 8 May 2009



Suggested packing checklist

Summit Trekking advise the following trekking gear:

- Trekking holdall or rucksack approx 75 litres (this will be carried by the porters up to Khare camp)
- 35-45 litre rucksack for day use. (This needs to be big enough to carry your own personal gear above Khare Camp, to Mera la Camp and to High Camp. Sleeping bags will be carried by your porters.)
- Strong waterproof liner for rucksacks
- Spare plastic bags
- 4/5 season sleeping bag*
- Sleeping bag liner (silk)
- Down Jacket *
- Down/fibre pile trousers or salopettes
- Plastic boots for use high on mountain with crampons. Consider double plastic boots if your feet suffer with the cold
- Gaitors (you can get insulated ones if you suffer with the cold)
- Leather/ gore tex hiking boots with good grip and ankle support
- Trekking poles
- Ice Axe*
- Crampons*
- Climbing Helmet*
- Climbing harness*
- Windproof and waterproof jacket and trousers eg: Goretex
- Wickaway t/shirts and base layers
- Socks - plenty for trekking plus camp wear
- Warm gloves and down mittens
- Thermal underwear
- Normal underwear
- Thermal top and leggings
- 1 light plus 2 warm fleeces
- Trainer type shoes
- Flip-flops or river sandals for use around camp, bathing or washing

- Sun Hat/baseball cap
- Fleece/wool hat and balaclava
- Trekking trousers and shorts/trousers for camp
- Warm trousers
- General clothing for before and after the trek in Kathmandu and something smart-casual for the celebration dinner
- Good anti-dazzle glasses or goggles with side attachments
- High altitude food supplements
- Sun cream and lip salve (at least factor 30) and high factor sun block (30+)

Accessories

- Personal first aid kit including: plasters, vaseline, blister packs (enough for the whole trip), antifungal foot powder, painkillers, rehydration sachets, Lemsip, throat lozengers, anti diarrhoea tablets, antiseptic cream or spray, scissors, safety pins, tweezers, antihistamine tablets, etc...
- Knee support (if you have knee problems)
- Personal toiletries (please bring environmentally-friendly washing products)
- Camera, spare film, binoculars (please note batteries drain quickly at altitude)
- Sunglasses
- Head torch and batteries
- 2 x 1 litre water bottles e.g. Nalgene
- Small towel (travel towels are ideal)
- Reading material, playing cards
- Wet wipes and toilet roll
- Anti-bacterial handwash gel
- Copies of insurance and passport
- Matches
- Swiss army knife (optional)
- Credit card for emergencies
- Ear plugs (altitude can increase snoring!)
- Travel adaptor plug to recharge batteries at hotel

*can be rented from Summit Trekking on arrival, but we need to know in advance (more info will be sent in due course)

Participants concerned about purchasing one-off items may consider hiring them from www.trekhireuk.co.uk

Your main luggage bag should weigh no more than 20kg* (for the international flight) and should not be a suitcase. A rucksack/holdall is the best shape for our porters to carry. The local flight to Lukla has a 15kg restriction on checked-in luggage and 5kg on hand-luggage. It is also a good idea to wear hiking boots on the plane, just in case any luggage goes astray on the flight out!

Items not needed on trek can be stored safely at the Summit Hotel. Scope will provide 4 Mera Trek Expedition t-shirts for you to wear during the trek.

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Altitude and acclimatisation

Mera Peak is an extreme high altitude event which is why we require all participants to have been to an altitude of over 4,500m previously without significant side effects and to get their medical form signed by their GP. Please read the following information carefully. Whilst you may already be familiar with the information below, it is not designed to put you off but to give you a better understanding of the effects of altitude and the safety precautions we put in place to avoid the onset of acute mountain sickness (AMS).

Our Mera Peak itinerary has been designed for gradual acclimatisation. A qualified mountain Doctor will accompany the group who will carry a comprehensive medical kit, plus oxygen and a hyperbaric chamber.

Each year more and more people travel to high altitude areas. Unfortunately, at elevations above 2,500m, because of the relative shortage of oxygen, one can develop a syndrome of unpleasant symptoms of AMS.

Altitude is defined as:

- 1,500 – 3,500m high altitude
- 3,500 – 5,500m very high altitude
- above 5,500m extreme altitude

Certain normal physiological changes occur in every person who goes to altitude, and should be expected:

- hyperventilation (breathing faster)
- shortness of breath on exercise
- changed breathing pattern at night
- frequent waking at night
- increased urination

These processes reflect the body acclimating to the decreased availability of oxygen at high altitudes. It is a slow process, taking place over a period of days to weeks.

Individuals vary widely in the height at which they develop symptoms, the speed of onset of AMS, and the severity of their illness. There is unfortunately no way of predicting whom AMS will seriously trouble and who will escape it. It is tempting to suppose that being physically fit would help prevent it, but unfortunately this does not seem to be the case. However the higher the level of fitness you have, the better you will be equipped to deal with the symptoms.

AMS is a spectrum of illness that represents your body not being acclimated to its current altitude, and varies from mild to life-threatening. The diagnosis of mild AMS is made when the following symptoms are present after a recent ascent above 2,500m:

Headache plus one or more of the following:

- loss of appetite, nausea or vomiting
- fatigue or weakness
- dizziness or light-headedness
- difficulty sleeping

The mainstay of treatment is rest, fluids and mild painkillers such as paracetamol, aspirin, or ibuprofen. The natural progression for AMS is for it to get better, as long as you do not climb higher. Descent is also an option, and recovery will be rapid. Unfortunately a very small number of people develop one or both of the more severe forms of AMS: High Altitude Cerebral Edema (HACE) or High Altitude Pulmonary Edema (HAPE).

HACE

The vast majority of cases of HACE occur in persons who ascend with symptoms of early AMS, so in all but a very few cases may be avoided. In HACE the brain swells and ceases to function properly. HACE can progress rapidly, and can be fatal in a matter of a few hours to one or two days. The hallmark of HACE is a change in mentation, or the ability to think. There may be

confusion, changes in behaviour or lethargy. There is also a characteristic loss of co-ordination that leads to a staggering walk, similar to that of someone with alcohol intoxication.

A doctor is able to administer some medication which may be of help however the mainstay of treatment is immediate descent, day or night.

HAPE

Another form of severe altitude illness is High Altitude Pulmonary Edema, or fluid in the lungs. Signs and symptoms of HAPE include any of the following:

- extreme fatigue
- breathlessness at rest
- fast, shallow breathing
- cough, possibly with frothy or pink sputum
- chest tightness
- drowsiness

Immediate descent, with oxygen if possible, is the treatment of choice. HAPE resolves rapidly with descent, and one or two days of rest at a lower elevation may be adequate for complete recovery

Preventing AMS

The key to avoiding AMS is a gradual ascent that gives your body time to acclimatize.

Several drugs have been identified as helpful in preventing AMS:

Acetazolamide (Diamox®) – as yet there is still no consensus on whether or not it is advisable to take acetazolamide to prevent AMS. It is, however, widely used by individuals travelling to altitude and may help to prevent AMS. It works by increasing the amount of urine produced, and thus reducing fluid retention. It also alters the pH of the blood, leading to an increase in breathing, particularly at night. In the UK it is widely used to treat glaucoma (a disease of high pressure in the eyes), is generally well tolerated, but does have side effects, the most common of which are: Tingling of fingers, toes and around the mouth, nausea, increased urination, and altered taste sensation. As with all drugs there are many other rarer side effects, some of which are serious.

In the UK acetazolamide is fairly widely prescribed for prevention of AMS, but is not licensed for this indication. Therefore your GP may, or may not, be happy to prescribe it.

If you do choose to take acetazolamide the recommended dose is 125-250 mg twice daily starting 24 hours before ascent to 2,500m.

Ginkgo biloba extract – some early work with Ginkgo biloba extract was encouraging with regards to its use in preventing AMS, but some recent large, well-designed studies have shown no benefit.

If you are considering using Diamox, we recommend you speak to your GP and do a trial course before you depart for your trip.

The Ultimate Travel Company's policy on AMS

All of the above makes very sobering reading, and is designed to help you make an informed choice as to whether you wish to embark on this Challenge. However we can reassure you that we work very hard to minimise the risks of AMS, in the following ways:

- Carefully planning itineraries
- Employing experienced trek leaders
- Ensuring our doctors have good knowledge of AMS, and comprehensive medical kit
- Planning good evacuation procedures

The Ultimate Travel Company have organised over 70 trips to areas of high /very high altitude, and have an extremely good record of health and safety. Descent to a safer altitude on Mt Mera is quick and relatively easy.