MY CLIMB TO THE SUMMIT OF MT KILIMANJARO

Geoff King’s Story

We were flying at 19000ft and approaching Kilimanjaro Airport. In the usual blasé way that they do, the pilot told passengers on the left hand side of the plane that Mt. Kilimanjaro would be visible shortly. And see it we did! Higher than we were flying!

The Set-up

I’ll start with what the challenge is about for me, my brother Rob, and our three daughters – Sarah, which five were from the King family – me, my wife, our party, we were 16 trekkers in total, of whom two started to develop symptoms of altitude sickness. These are far more serious and include swelling of the brain due to lower oxygen levels, cerebral oedema and pulmonary oedema. If not dealt with, death may result. Anyone showing these more serious symptoms needs to get down the mountain quickly!

In our party of 16, two started to develop ominous signs of altitude sickness. One had cerebral oedema. Neither could make the final ascent and had to go back down to recover. Ten days later, one of these guys was still not fully back to normal.

Finally even if one did not suffer with any symptoms, the reduced oxygen made one more breathless and reduced one’s strength quite significantly. At the summit, the oxygen is only 50% of that at sea level. Even rolling up our sleeping bags each morning would make us pant!

I mention these health matters in some detail, partly because they became dominant for us all, and partly because of how they relate to my own medical situation, discussed below.

The Climb

We were led by Julius Whitey and his two assistants and the whole campaign was supported by over 40 others – cooks, porters, tent erection, portables erection, transporters, etc. – everyone we needed had to be carried by these guys (including one woman!) up and down the mountain.

Camping on the Mountain

Throughout, we were camping in small tents, with minimum facilities, dealing with dump, using the toilets at times and general personal discomforts! Our support team did fantastically well to prepare decent food for us for over a week.

The Altitude Health Issues

Even at the starting point of 6500ft, the air pressure was around 20% below normal and hence the oxygen intake as well.

As the body tries to cope with the increasing impact of the reducing oxygen, people tend to get variously headaches, nausea and vomiting, loss of appetite – or all three.

In themselves, whilst unpleasant, these symptoms are not necessarily of wider significance. For example, if a couple of paracetamol shifted the headache – fine.

The basic solution for this is to give the body time to acclimatise to the new altitude, and to ascend slowly.

At over 11900ft, we were going to medically what is called ‘extreme altitude’.

However, the symptoms above also herald the onset of altitude sicknesses. These are far more serious and include swelling of the brain due to lower oxygen levels, cerebral oedema and pulmonary oedema. If not dealt with, death may result. Anyone showing these more serious symptoms needs to get down the mountain quickly!

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The Climbing

We started around 6500ft and the overall climb to the summit at 19340ft is just under 12000ft of climbing over seven days. However, since the trek sometimes goes down (a lot) to get across deep river valleys, and also to help with the acclimatisation, the actual climb is more like around 15000ft.

The Track

In many areas, the word track is somewhat of a euphemism. Nearly all of it is stepping over boulders and fighting to gain height in scree. The Track

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We were flying at 19000ft and approaching Mt Kilimanjaro Airport. In the usual blip way that they do, the pilot told passengers on the left hand side of the plane that Mt Kilimanjaro would be visible shortly. And see it we did! Higher than we were flying! What were we letting ourselves in for?

Overall, like others who have done it, I would say that climbing Mt Kilimanjaro was one of the most demanding tasks I have ever undertaken, with the mental strain being just as challenging as the physical exertion.

I’ll start with what the challenge is about:

**The Set-up**

In our party, we were 16 trekkers in total, of which five were from the King family – me, my brother Rob, and our three daughters – Steph, Steph and Susannah.

**The Climb**

We were led by Julius Whitey and his two assistants and the whole campaign was supported by over 40 others – cooks, porters, tent erecters, porta-loo erecters and transporters, etc. – everybody we needed had to be carried by these guys (including one woman) up and down the mountain.

With the increasing lack of oxygen fuel to generate energy for the climb just having oneself up the mountain, especially near the summit, became totally exhausting physically.

**The Altitude Health Issues**

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However, the symptoms above also herald the onset of altitude sicknesses. These are far more serious and include swelling of the brain due to lower oxygen levels, cerebral oedema and pulmonary oedema. If not dealt with, death may result. Anyone showing these more serious symptoms needs to get down the mountain quickly!

In our party of 16, two started to develop ominous signs of altitude sickness and so Julius, with the help of the more senior porters, pulled them off the final ascent and had to go back down to recover. Ten days later, one of these guys was still not fully back to normal.

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**The Role of CoaguChek**

Before leaving Swindon, I had checked the monitor’s operational spec is to work between 15C and 32C and up to 4300m. As the temperature dropped, I tried first taking the batteries out and keeping them in my sleeping bag but then decided against it as I didn’t want to keep losing data.

This is not enough when the ambient is below freezing! So, after day but I kept the monitor inside my thermal vest. 24 hours a day! It worked fine and by dipping my test finger into hot tea just before testing, I could get sufficient blood to get a good test result! Of course, it only takes a few minutes if everything is working smoothly so testing didn’t get in the way of our busy schedule.

**Lowlights of the Climb**

Not a lot really but these stand out:

- The afternoon when I skidded going down a steep, rocky track (forwards and pushed my left shin) strained and weakened my leg muscles in both legs – and wandered for 10 minutes if this was the end of my climb! Very careful about putting weight on the left leg for the next five days but OK – thank goodness.

On the summit, the views were absolutely stunning for most of the time.

- The inspection I got from my two gauges as I ground up the last mile to the summit; they just got me to think positive and helped me whenever my unsteadiness was getting in the way.

- The CoaguChek, in that it made sure that my underlying health position was kept just like that – in the background – but managed, as I could concentrate on all the other health-related matters that form such an integral part of an expedition like this.