

On your bike!

IT WAS ONE OF THOSE TIMES WHEN you agree to help a friend and don't realise what you are letting yourself in for.

I have known Keith for about six years through our shared love of rock climbing. We saw each other frequently at the sport climbing walls in Hong Kong and, as frequently happens in Hong Kong with the expatriate community, friends come and go, leaving the people left behind to close ranks. After a few years, Keith and I became climbing partners and a regular team in the climbing community.

Keith had left the high-flying world of corporate finance to establish an adventure racing company in South-East Asia. In a way, adventure racing is an offshoot of triathlons. The competitors race in groups of two to four over a number of days in a number of different disciplines including mountain biking, running, swimming, rope skills, orienteering, caving and problem-solving exercises. At the level Keith was catering for, the racers were usually amateurs who limped back to their high-pressured jobs the day after the race had finished.

As a doctor for 20 years and an anaesthetist for 14 years, Keith asked if I would volunteer to be the medical coordinator for a two-day race he was organising in an area called Yangshou in southern China. This area is famous for its magnificent limestone monoliths towering above the rice paddy fields. With such a glorious backdrop for two days (as well as an all-expenses-paid trip), how could I refuse?

Frankly, my expectation of the trip was that I would be washing and dressing innumerable "gravel rashes", with the most difficult problem being how to splint a fractured forearm or ankle in a remote location with none of the normal hospital facilities. This proved to be a very poor under-estimation of the two days.

The first day started quietly enough (at least from the medical standpoint). The race started with a run, leading up to a 9.6 metre (yes, 9.6 metre) bridge jump into a river, a



swim over to the riverbank and a bicycle leg. After checking that the same number of people who jumped into the river climbed out, I was given a mountain bike and told to ride 10 kilometres via a short cut to the next checkpoint before the competitors arrived.

Within minutes of arriving at the checkpoint I received a call that a competitor had fallen off his bike and landed in a paddy field: back on my bike and off to find the victim. After some time, I arrived at one of the outlying villages and found a crowd of locals swarming around a foreigner leaning up against a chicken coop.

He was conscious but unable to remember his accident, and was amnesic for at least five minutes around the time of his fall. He was able to remember that his first name was John, but was unable to recall his surname, or exactly where in Hong Kong he lived. His racing partner volunteered that



John had failed to negotiate a tight corner and had fallen over the handlebars and landed headfirst in a ditch below the road. The total height of the fall was about 2 metres. Fortunately he had been wearing a bicycle helmet.

The physical examination was unremarkable apart from a superficial graze on the top of his head and multiple small abrasions to his torso. The neurological examination was normal, and there was no spinal tenderness detectable after he was “log rolled”.

The next step was to arrange his evacuation to the nearest medical facility for re-evaluation and treatment. There were no soft or hard collars available, so I rolled a towel up and wrapped it around his neck as an improvised soft collar until it could be replaced, but the question of transport was tricky. The village’s remoteness precluded four-wheeled vehicle access, and the villagers themselves either walked or rode motorbikes in and out of their farms along the walking tracks between their crops. Helicopter or fixed-wing evacuation was not a realistic option in this area of China. I contacted Keith by radio and asked for a motorbike to evacuate John out of the area.

The idea of a patient with potential head and spinal injuries being evacuated sitting behind a local farmer on the

back of his motor bike is not something covered by the medical textbooks but, in this situation, improvisation was mandatory. The motorbike’s progress was slow as I walked alongside in case John lost consciousness and fell off. Thirty minutes later we reached a dirt road and were met by one of the local doctors who drove John and me to Yangshou hospital. Surprisingly, Yangshou hospital has a CT scanner, and after initial assessment by one of the doctors John received a CT scan of the head and cervical region. This proved to be normal and he was discharged soon after to sit out the rest of the race in the hotel room.

The cost of the hospital treatment and CT scan? US\$36!

The rest of the race injuries included a race official sustaining a puncture wound to the palmar surface of his left hand from a stone spike in a limestone cave. This required a second trip to Yangshou hospital, intravenous antibiotics, a tetanus injection, and a flight back to Hong Kong for an emergency operation. There were also several cases of heat exhaustion requiring intravenous fluids and, oh yes, washing and dressing of innumerable “gravel rashes”.

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