

# Ironman inside out

*The view from the med tent*

By Jordan D. Metzl, MD



**I** thought I'd take this month to discuss what happens on the other side of the race. As I noted last month, my trip to Kona in 2006 was not to race but, rather, to work in the medical tent. Having done four Ironman-distance races and numerous shorter-distance tris, and having visited the medical tent myself from time to time as an athlete, I had an idea of what to expect, but this was my first time volunteering in this capacity.

On race day, I was paired up with a trauma nurse who had just returned from one year working on a medical team in Iraq. "This tent ain't nothin' compared to what I saw last year," she kept telling me. Other amazing people were there too: a husband-and-wife doctor team who come from California to volunteer in the medical tent each year and a doc who just returned from working as a field doc with special forces in Afghanistan. In all, there were more than 400 medical volunteers working the event on race day.

When looking from the other side of the equation, the race seems so different. During race week, the question shifts from: "Will I do well in this race as an athlete?" to

"Am I prepared to take care of the medical issues that I'll see in the tent?"

The common medical problems the Kona medical staff prepares for are similar to those you might find at any Ironman-distance race around the world, but fluid and electrolyte problems (such as dehydration and hyponatremia) are by far the most common.

## The weigh-in

This year in Kona every athlete was weighed at registration, and their weight was recorded on their race bib. Then, if the athlete turned up in the medical tent they were weighed again at the entrance. The reason: instead of relying on guesswork to determine if someone was dehydrated or fluid-overloaded, getting pre- and post-race weights allowed the medical team to know exactly which of the problems was present. If weight was down, it meant dehydration; if weight was up, it generally meant that the athlete had drunk too much fluid in the race and was subject to hyponatremia.

Just as the practices of serving soup at races to improve sodium delivery and offering athletes sponges dipped in cold

water to improve cooling (both examples of race-day athlete care that originated in Kona and are now used in triathlons around the world), pre- and post-race weights will likely become the norm for all athletes racing long-course events.

The ins and outs of race-day in the medical tent were not too unlike actually being out there on the roads. You can prepare for everything, but something different always happens. For example, during the swim an athlete was stung by a jellyfish and went into anaphylactic shock. On the bike, an athlete was reaching forward to get a water bottle and went over the front of her bike. And on the run, an athlete collapsed and developed congestive heart failure. None of these things was expected, but they all came to the tent.

And the amazing part was watching the different people spring to action. What was a calm tent earlier in the day ultimately became an 80-bed mini-hospital. The medical coverage on race day lasts about 16 hours, and working behind the scenes is an endurance event by itself.

I'm so thankful that I had the chance to experience the Ironman from the other side. I hope I don't have to pay a visit to the med tent at any of my races in the coming months, but if I do I'll surely have a much greater appreciation of what goes on to make the tent work. ▲



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