

RACE DAY INSTRUCTIONS

On the day of the event belongings can be left at the official race marquee. Items left there are at a competitor's own risk and we recommend valuables are left with friends or family. It is planned that the sea-side lane of Queen Elizabeth Drive will be closed to traffic (except emergency vehicles) from 5:00am until 11:00am. Competitors should be mindful of traffic and should stay towards the right-hand side of the closed lane. After 11:00am competitors should leave the road and run on the Sea Wall footpath.



Medical Instructions For Full And Half Marathon Runners

Running a full or half marathon can be a gruelling event which places huge stresses on the cardiovascular, musculoskeletal and heat regulating systems. Energy demands can be increased by a factor of 10-15 fold. Successful running requires adequate acclimatisation and training as well as fluid and fuel intake.

If you have any medical problems that you fear may interfere with your training programme, or make it risky to take part in the event then discuss them with a doctor. This advice section supplements anything he or she may say. Please ensure you notify the organisers on this form of any pre-existing illness.

Training

Remember the principle of training is to gradually increase the intensity and duration making sure that you have a recovery or rest time in order for the body to recover. Therefore, increase training gradually so that you do not suffer excessive fatigue; make sure you build in rest days and try and not have a sudden increase in intensity or duration of your runs.

If you have flu, a fever or a stomach bug avoid training until fully recovered. Training or racing while you have a temperature or the flu can put you at risk from heart inflammation which may be irreversible. Rest until you are better then start at a lower mileage and intensity and build up gradually. It can be counterproductive to try and catch up on lost mileage because it may cause further problems.

To reduce risk of injury, train on soft flat surfaces whenever you can. Do not attempt to train if you are carrying an injury. Seek advice from your GP. Replace running with biking or swimming if possible while you recover.

Fluids

You need to replace fluids lost in sweat but you should be aware that there is a danger of drinking too much fluids which may reduce your blood sodium levels and make you unwell. This problem is more likely to occur if you are running for more than 4 hours, or if you take on more fluid than you lose, or if you are taking non-steroidal anti-inflammatory tablets (if you require anti-inflammatory medication you should consider withdrawal).

Train to drink while you run. The sports drinks with carbohydrate concentrations are designed to provide calories in a form that can be absorbed with a decent proportion of fluid. You can experiment to find one that suits you.

Alcohol is dehydrating. A pint of beer produces more than a pint of urine and spirits have an even worse effect. Drink non-alcoholic drinks before you train and immediately afterwards.

Weighing yourself before and after your training runs will give you some idea of your fluid losses; hotter conditions will mean higher fluid loss and cooler conditions lower fluid loss.

Clothing

Wear comfortable clothing. Clothing with sewn-on trimmings can rub your groin and nipples until they bleed. Don't wear it from new - wear it and/or wash it before you run in it. Vaseline applied to these areas can protect the skin.

Find shoes that are comfortable over long distances. Remember the shock absorbency of your shoes will diminish as they get older. Wear the right shoes for you. Go to a runner's shop and seek advice. Take along your old trainers for inspection. By the time of the marathon you should have a pair that are comfortable and not worn out.

Please ensure the skin on your feet has hardened up before the marathon.

On the day

Do not run if you feel unwell, have a fever, have had diarrhoea, vomiting or chest pain within the previous 72 hrs. You will certainly not perform well and you will put yourself and your future running at risk. Remember running with fever can cause serious complications. If you have a medical problem which may lead to an emergency, such as fits, diabetes, asthma or if you are on any medication e.g. blood pressure tablets, write details of the problem and which all medications you are taking on the reverse of your number. Please include details on this form. If it is hot wear loose mesh clothing, start slowly, and pick out the shade on the course.

At the Finish

Do not stand about. This will certainly make your blood pressure go low and you are likely to faint. Keep walking or sit down for a few minutes. Drink as soon as you can because your body will be short of water and sugar; sports drinks, cereal bars, or your favourite post training snack are ideal. If you feel faint, lie down.

Medical Aid

Train sensibly and follow this simple advice and you will have done a lot to avoid the need for medical aid. If you drop out make for a first aid post or relay change point where you will be ferried back to the finish. There will be a medical team at the start/finish line.

Conditions Associated with Marathon Running

1. Exertional Hyponatraemia (Water Intoxication) - This presents several hours after the start of the race as a result of excessive fluid intake with headache, mental confusion and often vomiting and in severe cases, epileptic seizures. It can be a problem with non-elite runners drinking too much fluid before, during and after the race. Please ensure you train using the fluid you will drink during the marathon.

2. Cardiac Arrest - This occurs in 1:50,000 runners. The runners are normally affected in the later stages of the marathon. The commonest cause is coronary artery disease. This affects the arteries supplying the heart muscle. If you have a family history of angina or heart attacks please consult your GP before running.

Cardiac arrest can occur in young runners. The cause is usually a condition which affects the heart such as HOCM or congenital problems. Please consult the cardiac specialist who manages your condition before running and ensure you include details on this form.

If you experience chest pain in the weeks before the race please consult your doctor. Please do not ignore this.

One of the younger runners who suffered a cardiac arrest in South Africa had experienced chest pain in the week prior to the Marathon.

If you experience chest pain while running please stop and notify the first aid team.