

# Preparation for Surgery Using Hypnosis

By Janet Redman, Ph.D.

In 1958, the American Medical Association approved the “Medical Use of Hypnosis.”<sup>1</sup> Forty-nine years later, some medical personnel continue to react negatively to the technique.

Early history relates that techniques resembling hypnosis were most often connected to various religious experiences. In Genesis 2:21-22, the *Bible* provides perhaps the earliest recorded description of hypnoanesthesia. “And the Lord caused a deep sleep to fall upon Adam, and he slept; and He took one of his ribs, and closed up the flesh instead thereof. And the rib, which the Lord God had taken from man, made He a woman.” Because hypnosis became associated with religious practices, stage hypnotists, and quackery, the medical establishment had no satisfactory scientific evidence and thus labeled it as having little merit. Finding scientific validity has been a long struggle. It has been very difficult to understand how a mental technique can so profoundly affect the body. Another setback occurred when the 1985 AMA report questioned the validity of all memories based on hypnotically refreshed recollection.<sup>2</sup> This again created problems for increasing the use of hypnosis.

Currently, there seems to be agreement that hypnosis works. However, there remains much disagreement as to how it works.<sup>3</sup> Nevertheless, hypnosis is a valuable tool for many surgical patients to use as a beneficial adjunct to their perioperative course. For anesthesiologists and surgeons, there are no downsides to a patient using hypnosis. As early as 1906, Magaw used hypnosis in conjunction with ether and chloroform for more than 14,000 surgeries performed at the Mayo Clinic.<sup>4</sup> Not a single anesthesia-related death was reported in her project. Note that at that time, the death rate in the United States was one in 400 from the use of ether and chloroform without the addition of hypnosis. In 1959, Marmar presented the classic major indications for the use of hypnosis in anesthesiology: the capacity to raise the pain threshold, the ability to induce anesthesia or analgesia, the ability to overcome anxiety and fear, and the provision of a more comfortable reaction from anesthesia and postoperative recovery.<sup>5</sup> In 1993, Bennett wrote of new applications for the use of hypnosis in surgery. Anesthesia drugs were reduced and, in some cases, anesthetics were eliminated entirely. In addition, blood loss during surgery was reduced, and the speed of healing and recovery was increased.

For the purposes of this article, hypnosis is defined as intense focused concentration that allows an individual to tune out whatever is not helpful to the goal that the individual is working to achieve. In this case, the goal is to utilize

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hypnosis as an adjunct to the traditional anesthesia protocol. It is best to begin the preparation a month prior to the scheduled procedure. However, even when time is short, many advantages may yet be achieved. The hypnosis preparation is accomplished either through office visits or scheduled telephone sessions. Hypnosis allows the patient to practice for, rehearse for, and participate in the surgical experience. Hypnosis is a physiological state that can be induced or spontaneously experienced. It is induced by suggestion. Therefore, the patient who prepares for surgery using hypnosis is trained to respond to suggestion. This includes accepting suggestions from the anesthesiologist and the surgeon. Choice of words is important. For example, it is better to say “you may experience discomfort” rather than “this is going to hurt.”

All hypnosis is self-hypnosis. The prospective surgical patient chooses to allow the acceptance of suggestion. Most people who need surgery experience an increase in stress. Stress is disagreeable: sleep may be disrupted, concentration for work and other daily tasks may be poor, and irritability may be increased. When this stress state lasts for several weeks before the scheduled surgical date, the patient may arrive for the procedure exhausted. On the other hand, on the day of surgery, the patient who incorporates hypnosis may arrive relaxed, relatively free from fear, having slept well the preceding night. It is well known that our coping mechanisms can handle a known danger more effectively than an unknown one. Surgery is a benevolent act of violence. A relaxed and psychologically prepared patient may be more apt to go through surgery with fewer problems before, during, or after the procedure.

### Technique for Hypnosis for the Surgical Patient

Many times people interested in using hypnosis as part of their preparation for surgery have no prior experience with this modality. During their first session with me, historical material is gathered to determine whether or not hypnosis is an appropriate approach. The following are some of the areas essential to explore in order to make that decision:

- Why did the patient decide to explore this modality?
- Were there any problems during previous surgeries with anesthesia, the surgery itself, or the postoperative recovery?
- What is the patient's psychiatric history? Of importance, are there any active or past Axis I or Axis II diagnoses? Has he or she had any hospitalizations for mental illness? Does the patient have a history of abuse or addiction? Positive answers to these mental health questions are flags to proceed carefully if hypnosis still is deemed acceptable to be used.
- Does he or she have specific fears or phobias and, if so, are there words that trigger such an anxiety response?
- What are the patient's feelings about the impending surgery?

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- Is the patient worrying about death during the procedure? If it is found that the fear of death is so great that the patient has made preparations anticipating death, communication with the surgeon and anesthesiologist is essential, since a patient overly focused on death may experience more complications and even die.
- What medication is the patient taking?
- What words and images are comforting?
- What situations are amusing and may even elicit laughter?

Some form of hypnotic induction and subsequent suggestion is initiated. Suggestions and images that have a high probability of being appealing to the patient can encourage the patient to give up criticality. The goal is to reinforce, create, and allow for an environment where the person feels relaxed, is in control of his or her images, and feels that the experience is his or hers to create. The person is then taught a simple exercise that includes self-induction, imagery, and reorientation. He or she is encouraged to practice this exercise every day for about a week.

At the time of the second appointment, an induction is begun that is recorded on tape. With the patient in trance, specific information relative to his or her surgery is created. A significant amount of time is spent on the suggestions relative to the night before surgery. It is very important to create a scenario that allows the patient to become involved in the images of a relaxed evening sleep. Images are suggested that utilize the senses of sound, smell, touch, vision, and sometimes taste.

Arrival at the hospital or surgery center is used as a deepening cue. Such things as the identification band and the walk or ride to the holding area are additional deepening cues that facilitate the patient being able to arrive calm and comfortable enough. The patient is taught that he or she needs to pay attention only to things that require his or her response; otherwise the patient may choose to remain in the trance location of his or her choice.

Suggestions then focus on what may happen in terms of the particular surgery. Suggestions are also made that facilitate vital signs remaining in a normal range for that patient and that he or she will be able to remain comfortably still during the course of the procedure, bleeding will be minimal, the procedure will seem to be over quickly, and the patient will emerge from anesthesia smoothly and carry that feeling into the recovery room.

Suggestions are made so that physiological experiences apt to occur are recognized as normal so that the patient realizes that the procedure is over, his or her body is returning to normal, and now is the time to initiate healing. The

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patient is encouraged to create a healing image, which he or she will utilize during the postoperative period.

Suggestion is created for the postoperative period in and out of the hospital. Of significant importance is the visualization of being discharged from the hospital smiling, relaxing on the ride home, and doing something pleasurable about a week later.

A third appointment prior to the surgery is scheduled for the next week. Pain management is the focus at this third and final session. Depending on what specific procedure is being conducted, suggestion is created for control of pain—and nausea as well. This, too, is recorded on a tape.

Finally, a trance relaxation tape for general use is created to encourage the patient to continue using hypnosis as a stress-reduction technique. This is a tape that he or she may continue to use in daily life.

A call-back is made the day after surgery to check on progress and give additional reinforcement as necessary.

A patient who prepares for surgery using this protocol is told to tell the anesthesiologist that he or she is using hypnosis. Since most patients prefer to listen to the tapes during surgery, he or she asks for permission to do so during the surgery. It is helpful if the anesthesiologist checks occasionally to ensure that the tape is playing, even during general anesthesia. The patient also requests that, at the conclusion of the surgery, the anesthesiologist tell him or her that it is time to begin healing.

It is possible that less anesthesia and postoperative medication may be needed for patients using hypnosis. The patient in trance may be quieter, speaking only when questions are asked. Eyes are apt to be closed. Answers to questions are given and then the person returns to wherever he or she is. A patient in trance is often described as peaceful.

In rare cases where anesthesia needs to be limited and the patient must be awake, the hypnosis professional can be part of the surgical team in the operating room. More complicated suggestions can then be used. As patients, anesthesiologists, and surgeons become more aware of the tangible benefits of hypnosis—reduced costs due to reduced time in the hospital, more rapid recovery and fewer complications—it will be used more widely.<sup>7,8</sup>

In my experience, most patients who have used hypnosis as part of their surgery report that it gave them the courage to have an elective procedure that they were postponing, reduced fears regarding experiencing excessive bleeding,

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and gave them confidence that they could handle discomfort as well as other physiological disturbances. They also report that they will again utilize hypnosis if further surgery is needed, as indeed their overall response to the surgical procedure is a positive one.

Psychological factors impact success. There is much evidence to verify that the motivated patients who can relax, understand the full nature of the surgery and prepare to be partners in their surgical care are better surgical risks. A satisfied, healthy patient is the goal. Including hypnosis preparation as part of the treatment can greatly enhance achieving that goal.

### References

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