

Surgery under hypnosis

In 1989, a 48-year-old woman was referred with stress incontinence of urine which had been a problem for the previous 12 months. She was in the habit of walking with her husband each day for about half an hour and was always saturated with urine by the time she returned home. Pelvic floor exercises over the previous six months had not improved the situation. An abdominal hysterectomy had been performed at age 32 through a transverse suprapubic incision. Examination revealed genuine stress incontinence and marked descent of the bladder neck.

The significant past history related to a burst gallbladder removed when she was 22 years of age. Within a few hours of the necessary surgery, she had a pulmonary embolism. As a result of that experience, she resolved not to have general anaesthesia for any future surgical procedure and proceeded to learn self-hypnosis.

Three or four years before this presentation, she did in fact have a breast lump removed under hypnosis and this, in her words, 'went superbly'; so there was a precedent for having any surgery recommended by me to be done under hypnosis again.

I recommended a Burch Colposuspension and she agreed to undergo the operation after some weight loss over the next few months. So, the operation was performed three months later under hypnosis in a private hospital with her hypnotherapist present. The whole procedure was recorded on video.

The patient agreed to general anaesthesia should her hypnotic state not provide sufficient analgesia but she was confident that would not be necessary. However, an anaesthetist was present just in case.

With her hypnotherapist sitting next to her in theatre the patient closed her eyes and entered a hypnotic state. Her therapist spoke quietly to her initially saying simply that she would feel herself becoming sleepy and she did the rest. Later the two of them had a conversation about a visit to the Flinders Ranges at some time in the past, so conversation with her remained possible throughout the operation.

When the therapist said proceedings could begin, I took a deep breath and made the first incision (through her previous Pfannenstiel scar) and it was quite a moment. However, there was no response from the patient and apart from requesting help with achieving a deeper level of hypnosis halfway through the operation, she gave no indication at any stage that she was in pain. The operation was completed in about 45 minutes; no postoperative analgesia was needed throughout the patient's stay in hospital, which was longer than usual because of a wound discharge but otherwise uncomplicated. She passed urine readily once her catheter was removed a few days later and urinary control was very good.

Robert Munday

FRANZCOG
Encounter Bay
South Australia

From the surgeon's point of view, I can say that at the end of the operation I was much more tired than usual and when I looked at the video of the operation some weeks later, which included an interview that I gave afterwards, it was obvious that I had found the whole performance quite an ordeal.

My impression then was that hypnosis did offer a real and attractive alternative to general anaesthesia. However, I was never asked to do the same thing again in the seven years before my retirement and I imagine that the number of people capable of self hypnosis of such quality must be quite small.

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65 Hume St, Crows Nest, NSW, 2065
Ph: 02 8437 3555 Fax: 02 8437 3556
contact@soundmedical.com.au