Self-Hypnosis As Anesthesia
For Liposuction Surgery

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This article demonstrates how the surgeon performs a major surgical procedure on himself using self-hypnosis as the means of anesthesia and pain control. The hypnotic techniques used by the author for self hypnosis are reviewed. These include glove anesthesia and transference; the switch technique; dissociation; positive imagery; as well as the specific post-hypnotic suggestions used by the surgeon during the operative procedure.

Introduction

Hypnoanesthesia for surgery has been well documented in the literature (Blankfield, 1991). But other than minor surgical procedures, the author is not aware of anyone performing a major type of surgery with the possibility of significant complications actually on himself (Rausch, 1980). This author performed liposuction surgery of his upper and lower abdomen and flank areas, actually on himself, using self-hypnosis as the means of anesthesia and pain control. This adds a whole new dimension for the realm of hypnoanesthesia in surgery. The implications of this accomplishment are mind boggling when the ability to maintain trance while carrying out extremely complex and highly skilled functions is understood.

Method

The surgeon used self-hypnosis in preparation for the planned surgery on himself. The dialogue was transferred to an audio cassette tape approximately 20 minutes in length and listened to for five evenings prior to surgery (Field, 1974). Multiple techniques for self-hypnosis were used (Crasilneck, 1995) mainly because of uncertainty in expectations. This allowed for the hope that if one technique did not work, there were several other techniques, of which at least one would allow the attempt to succeed. A description of the various techniques used for self-hypnosis will be reviewed.

Glove Anesthesia and Transference

After induction by relaxation techniques, a glove anesthesia of the right hand was produced (Bassman & Wester, 1993). The author had the post-hypnotic suggestion of running the fingers of his left hand over the back of his right hand, reproducing the glove anesthesia. Transference was then used to transfer the glove anesthesia to the areas of the abdomen and flanks.
The Switch Technique
Once the numbness was transferred to the abdomen, this would turn off the switch to the brain that controlled the pain from that area. The switch was turned off, therefore the brain could not register pain.

Dissociation
The areas of the abdomen and flanks were dissociated as if they were another patient’s body parts and not the surgeon’s own. This was the technique that controlled the trance the most and worked best during the operative procedure.

Positive Imagery
Hypnosis was used by the surgeon to view himself going through each different part of the procedure, from beginning to end, very easily and pain free (Nathan, Morris, Goebel & Blass, 1987).

Post-Hypnotic Suggestions
Several post-hypnotic suggestions were used corresponding to the different parts of the surgical procedure (Rodger, 1973). For example, in the beginning of the procedure the skin was prepped with antiseptic soap. This served as a sign to wipe away any traces of feeling in the area. It was also suggested that, even though the surgeon had numbness, he would maintain complete control and dexterity which would not be hindered in any way. During the infiltration of fluid (used at the beginning of the author’s personal technique), it would be perceived as a nice, cool soothing liquid filling all areas and reinforcing the numbness. The part of pretunneling with the liposuction cannulas would be seen as the cannula sliding easily and evenly preserving a uniform and even skin layer. During the actual suctioning of the fat itself, any remaining discomfort would be suctioned out through the liposuction cannula. At any time during the procedure, the surgeon could say to himself, “No pain, no discomfort.” He used the suggestions, “Nothing would bother or disturb me.” He would remain calm and comfortable and in complete control. All vital signs would remain stable and normal. The act of suturing the puncture sites at the end of the procedure would be an automatic signal for the body to start healing itself. There were suggestions that there would be no problems with bleeding, no swelling, no discomfort, and no problems with scarring (Bennett, Benson & Kuiken, 1986).

Discussion
This paper illustrates the power of the mind through hypnosis as the means of anesthesia and pain control for a major surgical procedure. Probably only those who are trained in and perform liposuction surgery comprehend the potential risks that can be encountered with this type of surgery.

The surgeon performed the procedure in a standing position. This is an absolute contraindication for a normal patient. During such a procedure, placing a patient in this position would most likely cause hypotension and a shock state. Because the procedure was videotaped and the steps thoroughly explained by the surgeon, the actual operative time was prolonged to a four hour time period. This is an extensively long period to maintain trance, especially self-induced. All vital signs remained stable throughout this extensive time frame in the standing position while in a self-induced trance. (The surgeon takes a drink of coffee halfway into the procedure to illustrate how well the surgery is proceeding). There was a significant reduction in bleeding when the multiple incisions on the skin with the surgical scalpel were made (Frankel, 1987).
Also significant is the fact that the skin is inundated with cutaneous nerve endings. This is the level near which the liposuction takes place. While there are graphic videos in orthopedics and neurosurgery, for example, which show sawing through bone or drilling into the skull, these areas are not inundated with nerve endings like the skin is. Liposuction produces a continual bombardment of nerve stimulation.

The surgeon found that the technique which worked best was dissociation. This technique has been documented frequently in the literature on pain control (Hammond, 1987). The surgeon viewed himself a few feet above his body, looking down onto his abdominal area and performing the surgery, just as he would look down at another patient.

Unknown questions were answered. Would a person be able to maintain trance and control pain while at the same time concentrating on highly cognitive functions and skills? The success of this procedure shows that the mind has the ability to carry out totally different and demanding functions simultaneously.

References


Comment on “Self-Hypnosis As Anesthesia For Liposuction Surgery”

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Self-treatment is generally considered imprudent and even dangerous by physicians. Research is one of the exceptions to the general rule, and there are many instances in the past where doctors have volunteered as subjects for medical experiments. Self-hypnosis is also a form of self-treatment, and we in ASCH recommend this form of psychological self-treatment all the time.

Two phenomena illustrated in Dr. Botta’s demonstration are particularly impressive: first, anyone who has done self-hypnosis profound enough to produce anesthesia will know that attempting to do something else at the same time will likely cause loss of the anesthesia; he maintains the anesthesia while he does self-liposuction standing up, in an eyes open trance. Second, we know that there is an emotional component to shock, so much so that some people go into shock from just experiencing a significant psychological stress. There are anecdotal reports of hypnotized patients undergoing major trauma without going into shock, and it remains an untested issue whether or not the hypnosis made the difference. There is not the slightest evidence of shock in this case, so another anecdote has been added for our consideration.