“Have a Great Surgery!”: Helping Patients/Clients Prepare for Surgery

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Disclosure Statement - Holly Forester-Miller, Ph.D.
I have no financial relationships to disclose and I will not discuss off label use and/or investigational use of drugs or procedures in any of my presentations.
Research on Hypnosis for Surgically Related Issues

Preoperative instructions for blood conservation during spine surgery had a significant effect on reduced blood loss (p< .005).

Mean Estimated Blood Loss (Randomly Assigned)
Control = 1006 cc.
Relaxation = 1171 cc.
Blood Shunting = 654 cc.

Results:
• Hypnosis is not just relaxation
• Significantly reduced blood loss from control group

Faymonville et al. (1997).
60 patients randomly assigned to either hypnosis or stress reducing strategies during conscious sedation for plastic surgery, administered throughout surgery by the anesthesiologist.

Hypnosis was not labeled as such – eye fixation and muscle relaxation were used for the induction technique. Suggestions were both direct and indirect and varied based on the observed needs of the patient.

Stress Reducing group – received deep breathing and relaxation strategies, positive emotional strategies and cognitive coping strategies.

Results:
• Hypnosis group received significantly less anesthesia and sedating medications
• Less signs of patient discomfort and pain were observed.
• Hypnosis groups vital signs were significantly more stable; lower blood pressure, heart rate, and respiratory rate.
• Patient satisfaction was higher for the hypnosis patients.
• Hypnosis patients had significantly lower peri and postoperative pain.
Lang, E.V., et al. (2000).

Adjunctive non-pharmacological analgesia for cutaneous vascular and renal procedures, with patient controlled intravenous analgesia.

241 patients randomly assigned:
79 intraoperative standard of care
80 structured attention (8 key components)
82 self-hypnotic relaxation (same 8 components plus hypnotic suggestions for being in a peaceful, safe place)

Results:
- Pain increased linearly with procedure time in the standard group & attention group, but remained flat in the hypnosis group.
- Drug use in the standard group was significantly higher than in both the attention and hypnosis groups.
- Hypnosis patients more hemodynamically stable – 1 became unstable attention patients – 10 became unstable standard group – 12 became unstable
- Significantly shorter procedure times
  - Hypnosis group - 61 minutes
  - Attention group - 67 minutes
  - Standard group - 78 minutes


Standard procedure cost averaged $638
Hypnosis procedure cost averaged $300
Average savings of $338 per case using hypnosis

Even when accounting for hiring an additional person to do the hypnosis at $70,000 plus benefits, the cost savings would average $290 per case.
Montgomery et al. (2002).

A randomized clinical trial of a brief hypnosis intervention with 200 patients undergoing an excisional breast biopsy or lumpectomy.

Patients had a 15 minute pre-surgical hypnosis session with a psychologist or 15 minutes of nondirective empathic listening as an attention control.

Results:

- Hypnosis group required less anesthesia
- Hypnosis patients reported less pain intensity, pain unpleasantness, nausea, fatigue, discomfort, and emotional upset
- Patients in the hypnosis group cost the institution on average $772.71 less per patient – primarily due to reduced surgical time.
The “How Tos”

**Where to start:**
What are the clients concerns?
What does the client think the doctors concerns are?
What are the doctors concerns? (You may or may not know this information)
What is your level of Belief and confidence?

**Tools for the Patient**
Record either CD or mp3 file – that they can have with them prior and post operatively, and possibly during the procedure depending on the surgeon and circumstances.
Teach them Self-Hypnosis
Set-up helpful cues with a nurse or doctor or possibly a significant other

**Issues to address**
Reframing the idea of surgery as a welcome, helpful event
  - “Have a great surgery”

Psychological wellbeing

Spiritual issues of the client (if any)

Minimizing the amount of anesthesia required

Dealing with individual’s and operation specific issues
  Such as:  - diabetics
            - CO2 gas
            - Rubber band image for muscles, ligaments, and tendons

Pain control
Bleeding control

Postoperative healing

Postoperative comfort

Inflammation

Side effects of anesthesia
  Such as: - nausea
    - foggy thinking

Post-operative recovery issues
  Such as:  - rehab
    - listening to one’s body and/or developing a good feedback loop
    - being aware of “necessary” pain
      “When everything that can be done and should be done has been done, there is no longer any reason for the pain”
      Kay Thompson, DDS
    - any further treatment needed post-op.
    - allowing others “to do” for you; Often involves letting go of control.
Looking forward to surgery

Surgery as a welcome bodily repair, a help to the body

Body being thankful for the help (no alarms)

Wonderful to have a great doctor that you trust

Being calm and relaxed as the surgery approaches

Taking in healing energy to every part of your being – mind, body, and spirit.
   And every cell of the body that needs it.

Anesthesia working effectively

Body working together with the anesthesia

Blood flow away from the surgical field

Anesthesia leaving quickly, easily, and gently

Turning off unnecessary messages

Body letting you know what it needs/ messenger system working gently

Post-operative comfort

Healing quickly and well

Have a Great surgery
References


