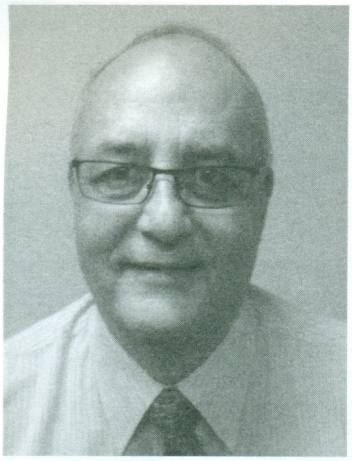

Hypnotherapy & Surgery

by: Fred H. Janke & Sherry Hood

Dr. Janke completed his medical education at the University of Calgary in 1982 and has been practicing in Sylvan Lake, Alberta as a family physician since 1984.

He became involved with the University of Alberta as site director in Red Deer for a new rural stream family medicine program in the year 2000. Since then he has become increasingly involved with teaching family medicine at the post-graduate level. He became the "Rural Program Director" for the Department of Family Medicine in 2008 and more recently, in October 2011, took on a broader position as "Director of Rural and Regional Health" for the Faculty of Medicine. Although he is full time faculty his clinical work remains in Sylvan Lake."

Sherry M. Hood M.H., C.CHt is the founder, curriculum developer and head instructor for The Pacific Institute of Advanced Hypnotherapy in New Westminster, British Columbia where she teaches both full time and part time hypnotherapy courses.

In August 2009 Sherry was appointed Clinical Lecturer in the Department of Family Medicine, University of Alberta. Her hypnotherapy course became a medical elective for post graduate residents from The University of Alberta in December 2010. Sherry was awarded "Educator of The Year" in 2011 by The International Medical and Dental Hypnotherapy Association. A pilot study through The University of Alberta was conducted using Sherry's smoking cessation intervention. A two year study using her same smoking cessation intervention is planned for the future.

Hypnotherapy is being increasingly used to help with medical procedures and surgery. There is likely a wide variation in awareness amongst hypnotherapists and physicians regarding the extent to which this is the case. We would like to present a condensed review of the literature and other sources to provide an overview of the myriad of ways hypnotherapy is used for surgery and invasive procedures

Hypnotherapy has been used in some form of surgery since the 1830's when Jules Cloquet and John Elliotson reported performing major surgical procedures with hypnosis as the only form of anesthesia [1]. However, with the advent of ether in 1846 and chloroform in 1847, inhaled anesthesia rapidly became the norm and as a result, hypnosis fell out of favour in the 1860's.

Since the 1950's there has been a resurgence in the use of hypnosis either as a form of anesthesia on its own or as an adjunct to conventional anesthesia. Dr. Jack Gibson, in the 1950's in Dublin, performed approximately 4000 surgeries using hypnosis alone as the anesthetic. The use of hypnosis in surgery has spread since that time. There are many different places in the world in which hypnotherapy and surgery are transcending to a new synergy; much of the current published research stems from Europe.

With the advent of more sophisticated imaging, such as PET scanning and MRI, there has been continual growth in the understanding of how and where in the brain hypnosis works to block or alter pain perception. Such imaging studies show measurable changes in the spinal and supraspinal pain pathways when patients are under the influence of hypnosis.[2] This means there is some physiologic evidence that hypnotic suggestion and focussed attention can alter pain perception and pain pathways in a significant manner. Similar influence can be seen in other physiologic mechanisms such as modulating gastric motility, blood perfusion and humoral response to stress and anxiety.[3]

Hypnosis is no stranger in the area of dentistry and oral surgery. Hypnotherapy is regularly used to reduce the anxiety or even phobia related to going to the dentist. Some dentists are using hypnosis to provide anesthesia for dental surgery. Michael Gow is one such individual who trained at University College London specifically to use hypnotherapy in dentistry and has published a number of articles.[4-6] One of his experiences was filmed and included in a BBC documentary focused on hypnosurgery (see http://www.youtube.com/watch?v=-s5OFD8uTpU).[7] After inducing the patient he used the technique of anesthetic glove for a patient undergoing oral surgery including an implant. Anesthetic glove is a useful technique for this type of surgery as attested by one of the authors (Sherry Hood) who induced anesthetic glove for a student who had broken a tooth at lunch. This student was normally terrified of dentists, but with the help of hypnosis breezed through the dental visit and initial treatment.

The British are not the only ones to be experimenting with hypnotherapy in dental surgery. Adeline Huet and her colleagues from the Regional and University Hospital of Rennes, France recently published a study looking at hypnosis and dental anesthesia in children.[8] Thirty children age 5-12 entered into the study and were divided into two groups either receiving hypnosis or not. Those children receiving hypnosis experienced less anxiety and less pain overall as measured by a variety of scores.

Hypnotherapy can reduce the stress in children that is often experienced during invasive medical procedures which can be painful and frightening.[9] In addition hypnotherapy can offer a time distortion altering the perceived duration of such events which is particularly useful in children. Evidence shows that children are particularly amenable to hypnotic suggestion and technique.[10] Dr. Leora Kuttner at BC Children's Hospital and University of British Columbia, has a long history of using pediatric hypnosis for cancer treatments and other procedures.[11] In her own recent review of the literature as it pertains to pediatrics there is accumulating literature that suggests children with hypnosis experience less pain and discomfort long-term when compared to children not receiving hypnotherapy. She concludes, "there appears to be little reason not to provide hypnosis as an adjunct to the broad range of pediatric patients undergoing anesthesia."[12]

In a study at Stanford University School of Medicine, forty-four children underwent a voiding cystourethrogram, which requires patients to be alert and cooperative during the procedure. The children were given a one and a half hour training session in self-hypnosis and instructed to practice several times a day in preparation for their upcoming investigation. Results showed that the procedure was significantly less traumatic for these children as compared to previous experiences with the same diagnostic imaging. The medical staff reported a significant difference between children that had been trained in self-hypnosis from those that had not. There was less stress and difficulty and the procedural time was shortened by an average of 14 minutes for the hypnosis group (the whole procedure normally should take less than 30 minutes).[13]

In Brussels, Dr. Fabienne Roelants, an anesthetist at Cliniques Universitaires St Luc estimates that one third of all thyroidectomies and one quarter of all breast cancer surgeries, including biopsy and mastectomies use a combination of hypnosis and chemical anesthetic. She hopes to expand hypnosis in surgery to hernias, knee arthroscopies and plastic surgery.[14] There are many hospital institutions in which hypnosis is regularly offered as an adjunct to or as a replacement of chemical anesthesia. For example, at the University Hospital of Liege, Belgium, Dr. Faymonville, who has published many studies,[15-18] has led a team of physicians to log well over 7000 surgeries as of 2010 done under what she has coined hypnosedation.[19] There are hospitals in Belgium, France and Germany that regularly offer surgery to be done with hypnosis in some form.[20] In North America, the Mayo Clinic and Stanford University among others offer such services.[21]

Wobst did a literature review focused on hypnosis and surgery, published in 2007.[1] He looked at both randomized and nonrandomized trials. Accumulated studies show that when using hypnotherapy there is a decrease in pain medications including narcotics, decreased bleeding and perioperative blood transfusions, increased wound healing and decreased hospital stays. More recent studies continue to confirm that perioperative hypnosis helps to decrease postoperative pain and anesthetic related side effects.[22] One of the key benefits to hypnotherapy is that it can provide a superior form of hemodynamic stability and reduced blood loss during invasive procedures.[23] These types of findings are consistent throughout many studies. Neck surgery, whether for thyroid, parathyroid or other cancers seems to be have been widely studied with consistent findings that hypnotherapy reduces hospital stay, postoperative complications and reduced blood loss.[24]

One of the authors (Fred Janke) performs vasectomies on a regular basis. He has found that when using guided imagery or a hypnotherapy audio file focused on relaxation as an adjunct to local anesthetic during the procedure, patients generally do better. By being more relaxed during the procedure, they are more comfortable and the procedure is completed more quickly. These patients also seem to have better postoperative outcomes such as less pain and faster healing time. Although this is personal experience and not a rigorous study, it points to the overwhelming trend of improved perioperative outcomes for patient care when using hypnosis for invasive procedures.

With reductions in postoperative recovery time, hospital stays and medications it would appear that hypnotherapy as an adjunct to perioperative anesthesia and pain control could reduce healthcare costs considerably. Studies looking specifically at cost bear this out. For example Guy Montgomery led a study in 2007 at Mount Sinai Medical Centre in which patients undergoing breast biopsy or lumpectomy would save an average of $770 when utilizing hypnotherapy.[25] Similarly Lang who looked at procedures in interventional radiology showed a cost saving of over $300 even for single day procedures for those patients given hypnotherapy.[26]

Given all of these benefits for the use of hypnotherapy perioperatively, one needs to question why it is not used more extensively or is even the standard of care. Even funders and health care administrators should be able to recognize the cost savings and advantages of using hypnotherapy in such a way. Unfortunately despite the evidence available, hypnotherapy remains either under the radar for many physicians or simply mistrusted. Hopefully as more evidence accumulates, more practitioners would be willing to consider giving hypnotherapy a trial in their institutions.

See: https://www.facebook.com/#!/thepacificinstituteofadvancedhypnotherapy?fref=ts as a resource for further studies and information.

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Continued on next page

Continued from page 17

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From pages 16, 17, 18 of the Spring 2013 issue of Unlimited Human magazine.