Self-induced hypnosis for bilateral ankle arthroscopy

Editor—Hypnosis in place of, or as an adjuvant to, conventional anaesthetic can be beneficial to both patients and healthcare professionals. We would like to highlight our experience with a patient who underwent bilateral elective ankle arthroscopy under self-hypnosis.

A 62-yr-old male with severe ankle osteoarthritis was listed for bilateral ankle arthroscopy. The patient had previously undergone two orthopaedic procedures using self-hypnosis instead of a conventional anaesthetic technique.

Immediate preoperative observations showed an arterial pressure of 149/99 mm Hg, a heart rate of 73 beats min⁻¹, and oximetry of 97% oxygen saturation on air. The patient did not receive any premedication. The patient induced his hypnotic state in the operating theatre, on the operating table, once i.v. access and full monitoring had been established. Induction of hypnosis took ~1 min. The patient confirmed when he was in the required state of hypnosis for surgery to commence and was able to talk to the anaesthetist throughout the procedure. Figure 1 illustrates the intra- and perioperative observations recorded. Onset of surgery occurred at T3 and proceeded without complication. The patient reported no intraoperative pain. He was discharged 1.5 h postop with oral analgesia as required.

Hypnosis has previously been reported as being effective in orthopaedic procedures such as knee arthroscopy, hand surgery, and paediatric fracture reduction. However, the main body of evidence for its use comes from other surgical and medical specialities. Our patient has now experienced three orthopaedic procedures using self-hypnosis and has reported a high level of personal satisfaction.

Hypnosis in surgery has been studied as an adjuvant to conscious sedation, and a technique for pain and distress management. A recent review of such studies¹ indicated that there is a growing body of evidence to support its use in the surgical setting. The studies reviewed reported a wide variety of potential benefits including decreased anxiety, pain, analgesic requirements, and postoperative recovery time. However, the overwhelming majority were situations where patients had been hypnotized by another party rather than self-hypnosis. Furthermore, the circumstance in which it has been used has been largely as an adjuvant therapy to help relieve pain and anxiety rather than in place of conventional methods.

A meta-analysis of studies investigating the effectiveness of adjunctive hypnosis with surgical patients² showed that overall 89% of subjects benefited from hypnosis when compared with controls.

Our understanding of hypnosis has increased greatly in recent years through experimental and clinical studies using positron emission tomography. These correlate metabolic activity and perfusion of the anterior cingulated gyrus with changes in affective pain perception under hypnosis. Hypnosis has been proven via this imaging to alter the pain-evoked potentials within the anterior cingulated gyrus, and therefore alter the perception of pain. However, reviews¹ ² have noted that clinical studies in this field have varied widely in quality, size, and experimental design. However, there is enough potential for real benefits to justify further research.

Orthopaedic surgery involves a variety of procedures performed under local and general anaesthesia, and also the post-procedural mobilization of patients where pain is a factor. Hypnosis efficacy is difficult to measure objectively and patient response is variable. Although the requirement for pharmacological anaesthesia and analgesia often remains, there is potentially much to be gained from its use in terms of patient satisfaction, reduction in anaesthetic and analgesic requirements, cost reduction, and early postoperative mobilization.

Conflict of interest

None declared.

J. O’Shea
L. Dodd*
S. Panayiotou
S. Palmer
Worthing, UK
*E-mail: docdodd@doctors.org.uk


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