MY EXPERIENCE WITH GENERAL ANESTHESIA SURGERY AFTER A PREVIOUS EXPERIENCE OF ANESTHESIA AWARENESS

As President & Founder of the Anesthesia Awareness Campaign, Inc., and one who has experienced anesthesia awareness personally ten years ago on January 24, 1998, I wrote this after spending the day in the emergency room for uncontrolled bleeding.

January 14, 2008

Finding myself in the local emergency room today, facing some fairly invasive surgery, I made a choice that I have counseled many of you to do.

My local hospital, Reston Hospital Center, has no brain activity monitors for use in general anesthesia surgery. While it seemed the doctors were ready to do one of two invasive procedures today – and I was ready to get my medical problem taken care of – my internist spoke up for me, knowing my situation and my passion about brain activity monitor usage. She arranged for me to see a doctor who practices in a hospital with brain activity monitors.

It would have been easier to have the surgery in a hospital five minutes from my home and have it over by now, but I simply am not willing to have surgery without a brain activity monitor.

In addition, I realized it would be extremely hypocritical of me to encourage patients to ask three questions about brain activity monitoring (do you have them; do you use them; will you use one on me?), and that I could not encourage the public to seek out hospitals that do use brain activity monitors and walk away from those that don’t. I did make those choices, and they were no-brainers. That’s why it’s important to think through your personal standards and let them have deep roots in your mind!

I notified the hospital administrator that he had lost a patient having money-making surgery because his hospital decided brain activity monitors were not important.

This is how we can effect change! Be a consumer as well as a patient. Make the hard choices; ask the hard questions; and let your pocketbook do the talking for you and us.

I wrote the following the day before surgery, and after an extended and positive, honest, and open meeting with the head of the Anesthesia Department, Patrick Clougherty, M.D., of Inova Fairfax Hospital in Fairfax, Virginia, a suburb of Washington, D.C.

Speaking frankly about my concerns with Dr. Clougherty and being treated as a lay person who knows about anesthesia awareness in specific and quite a bit about anesthesia in general, was tremendously comforting to me. Dr. Clougherty was kind enough to speak with an anesthesiologist member of the
Anesthesia Awareness Campaign’s Board of Directors. He even smiled when told, “No pressure, Doctor, but you do realize that this single anesthesia is perhaps the most important one to the future of our profession.”

My surgeon spoke with Dr. Clougherty when I requested a pre-op consultation with him. She informed me that she did not require use of paralytics as long as her patient was comfortable, didn’t remember anything, and she, the surgeon, could do her job. Dr. Clougherty said he saw no reason for paralytics to be used if an appropriate level of anesthesia was established and carefully maintained. I chose this hospital because I knew they use brain activity monitors (specifically BIS®) in all general anesthesia surgeries. We talked about the BIS number I desired (very low in light of my previous experience); a thorough history was taken; specific anesthetic drugs were discussed; and most importantly, those hospital experiences that were definite personal triggers for panic in this particular awareness victim were outlined. I left Fairfax Hospital feeling much more at ease in facing the demon of my life: general anesthesia.

Before going to the hospital I wrote and printed several copies of the following:

ON TREATING A VICTIM OF ANESTHESIA AWARENESS
January 20, 2008

Your patient has been left fully awake and aware and paralyzed during a previous surgery. Your patient suffers extreme PTSD as a result of this trauma. I invite you to visit [www.anesthesiaawareness.com](http://www.anesthesiaawareness.com).

I, in particular, have several specific triggers for panic:

Please do not put me in supine position while conscious! This causes a panic attack. Please let my head and back be in as raised a position as possible.

Please do not use or have an automatic blood pressure cuff on me while conscious. It is a big trigger. Do not remove my med-alert bracelet concerning anesthesia awareness, but do read it – both sides!

If I show signs of extreme anxiety or any mental instability, provide me with psychiatric care from someone familiar with PTSD within hours. See the JCAHO Sentinel Event Alert #32.

Please educate yourself and your colleagues about anesthesia awareness!

Thank you.
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My surgery was scheduled for 1:30 p.m., but at 8:30 a.m. we received a call requesting we come in as soon as possible. That flurry of hurried activity left little time for more reflection on what was about to happen (though I did not sleep much the night before).

My surgeon, friendly and confident, happened to be standing at the pre-op reception area. Things moved very quickly through the pre-op process. My anesthesiologist stopped in several times while things were getting set up. We established that he had a good nights’ rest and that he had checked his equipment and personally shook the anesthesia canisters to see that they were full – twice. He told me I would be out by the time we reached the OR, and so I would not be able to shake them personally.

The head of every department involved in surgery greeted me personally, introducing themselves, reading my “cheat sheet,” telling me that there was a meeting the week before about dealing with an awareness victim. Nothing was done to me without it being explained first.

The informed consent for anesthesia, to my proud amazement, mentioned “awareness,” though it was not stressed or explained. I suggested the next step is to stop calling paralytics by the euphemism “muscle relaxants.”

Dr. Clougherty personally inserted the IV, numbing the area first, checking to make sure it had not gone through the vein into muscle; he administered some antibiotics, told me he was going to give me a little Versed. He scoured the hospital personally for an eye guard required by my eye doctor to protect my “good” eye and its bandage lens. He then told me he was going to give me some Propofol. I vaguely remember being asked to scoot from the gurney to the OR table. The next thing I remember was the kind PACU (recovery room) nurse, Judy, trying to wake me and tending to my every need.

I woke in a seated position; and no automatic blood pressure cuff was ever used while I was awake. Due to the heavy sedation I requested and received, it took about two hours for me to start to “come to,” and then they kept me another hour in order to stabilize my blood sugars.

Both the anesthesiologist and the PACU nurse said I kept talking about and asking whether “Jeffrey” had been called. When I could think somewhat straight, she asked who Jeffrey was because I kept asking whether he was called. I was referring to Dr. Jeffrey Apfelbaum, President of the American Society of Anesthesiologists. To my knowledge he was not called. It’s clear where my brain was, though!

I will be having a radical hysterectomy upon my return from Germany in March and after an anticipated important panel discussion in the US. I will still be concerned about anesthesia awareness. I will do everything in my power to have the same surgical team, confident that they will keep their word.

While I certainly have not enjoyed the problems causing me to have surgery, or the anticipation of undergoing general anesthesia again, I will face the next one with much more confidence. My facing surgery head-on should put a stop to the untrue accusations that I scare people away from needed surgery.
As with many turns in this Campaign, I’m not sure this obstacle was not meant to be a part of the whole Campaign! I am confident that any friends or acquaintances who will be treated at Fairfax Inova Hospital will receive patient-safety centered care from a surgery department familiar with anesthesia awareness, and one that uses brain activity monitors in all general anesthesia surgeries as one more tool in an arsenal to prevent awareness.

Safe, pleasant, personalized, and patient-safety oriented care should the right of every patient; not just the loud-mouthed woman who received many opportunities to discuss awareness: aka, “that woman,”

If this Campaign has to change hospitals and anesthesia providers one at a time; so be it. The dreaded wall of ignorance and stubbornness is cracking, little by little. I shall never give up!

As always,
Carol

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Reston, Virginia