Anesthesia Side Effects: An Overview

On February 8th, 2001 researchers from the Duke University Medical Center published an article in the New England Journal of Medicine on long-term cognitive decline after surgery.

> *Results* *Among the patents studied, the incidence of cognitive decline was 53 percent at discharge, 36 percent at six weeks, 24 percent at six months, and 42 percent at five years.* *(Vol. 344, No. 6, page 395)*

While this cognitive decline has been clearly linked to surgery, there is no medical consensus as to the underlying cause. A small group of alternative practitioners have come to believe that these symptoms are the result of the anesthesia and not the surgery itself. More precisely, a wide set of violent side effects seem to stem from the body's response to the anesthesia.

What are the symptoms?

A wide range of symptoms can emerge as side effects of anesthesia. These can include cognitive dysfunction, insomnia, lethargy, memory loss, anxiety attacks, extreme fatigue, mood swings, depression, irregular heart rhythms, et al. In my own clinical experience the most common complaint is a subjective one. People struggling with side effects from anesthesia regularly verbalize some form of the statement, "I don't feel like myself." "I don't feel right." "I feel like part of me has gone missing." "I'm always out of sorts these days." Everything inside feels off kilter or out of alignment."

What is the medical view regarding Anesthesia?

The mainstream medical belief is that the anesthesia drugs clear the patient's system within hours of the completion of the surgery. Most side effects are expected to be resolved within hours or a few days at the most. However, this belief is not in alignment with the research from the Duke University Medical Center team or with the direct experience a significant percentage of surgery patients.

Why do the side effects of anesthesia go unrecognized and undiagnosed?

First and foremost is the fact that surgery is a remarkably complex event; many factors are involved on numerous levels. In addition to the physical trauma of the surgical procedure, most patients are dealing as best they can with the uncertainty of the outcome, with the fear of a range of complications all the way up to death, with the unpredictability of the recovery process, with the concerns of family members and friends, with the pain and/or dysfunction that necessitated the surgery, etc. The surgeon, anesthesiologist, and surgical support staff are fully occupied with the complexity of their respective roles in the surgical process. Once a patient makes it safely through the surgery, there is a universal letdown, a collective sigh of relief from all involved. Unfortunately,

the physical aspects of recovering from surgery are so dramatic that they often mask the side effects generated by the anesthesia. These impairments usually surface after the patient has left the care of the professionals involved. Most lay people do not know enough about the surgical process to know which symptoms are to be expected and which symptoms would indicate a negative reaction to the anesthesia. Accordingly these side effects often go unrecognized and untreated.

A second significant problem involves a gap in the care of surgical patients. Anesthesiologists are specialists who usually have their first contact with a patient either by phone the day before a surgery or often just immediately prior to the procedure. Anesthesiologists administer the anesthesia, monitor the patient while under its influence, and help the patient to emerge safely from the anesthesia. Unless there are major complications from the anesthetic, their final contact with the vast majority of patients takes place in the Post Anesthesia Care Unit (PACU). ***It is not possible for an anesthesiologist to diagnose any sort of long-term side effect if they never see the patient again. On the other side of the equation, it is not possible for the patient to schedule an office visit with most anesthesiologists in order to inquire about lingering side effects.***

For their part, the surgeons are focused on the surgical outcomes. They orient to what was removed, repaired, or replaced along with the progress of the healing of the incision, watching for infection or other complications, etc. Even though the surgeon does do follow-up care, they rarely consider anesthesia which is the territory of their colleague, the anesthesiologist. ***Remarkably few studies have been done on the long-term effects of anesthesia and those have been limited to only one side effect such as memory decline. Accordingly, the vast majority of surgeons are unaware of the wide range of possible side effects and are thus not able to help those patients who are struggling with them.***

Because the side effects can continue having an impact for months and years after a surgery, many patients consult their general practitioners about their symptoms. At this point, one of two things usually happens. If the patient can connect the symptoms to the aftermath of the surgery, the general practitioner usually refers the patient back to the surgeon. The surgeon checks the surgical site as well as the general function of that specific area and says, "Everything looks OK." Symptoms such as anxiety, memory loss, fatigue, insomnia, etc. are considered outside of the scope of practice for the surgeon. So the patient may be sent to another doctor, told that nothing is wrong, or lumped into the category patients who exhibit psychosomatic or self-created symptoms. If the patient does not connect their symptoms to the anesthesia or surgery, then the general practitioner begins to prescribe various medications to treat the symptoms without connecting them to the underlying cause. Some of these treatments can help, but, in general, treatments are most effective when they address the underlying cause of a condition and not just the symptoms.

WHAT ARE THE TREATMENT OPTIONS?

The ultimate measure for treatment is the result that is obtained. During more than twenty years of clinical practice, three types of treatment have proven most effective for patients suffering from the adverse side effects of anesthesia.

1. Because anesthesia works directly on the Central Nervous System, it is crucial to help the CNS reset itself to normal functioning. I utilize a number of different techniques and modalities to directly engage the CNS. The goal is to clear the shock from the CNS and to normalize its responses and function.

2. Both surgery and anesthesia have the potential to be deeply traumatic. The emotional and psychological responses are present and powerful. Responses such as fear, shock, grief, disorientation, dissociation, etc. have a profound impact and need to be directly addressed. While it is generally not necessary to delve into the patient's history or their deeper psychological strategies, the emotional aspect must be acknowledged and the patient must be supported in sorting out their responses.

3. After a surgery, the body's energetic system is often out of alignment or shut down completely. It is very difficult to normalize if you don't have the energy to support that healing process. I use a wide variety of techniques to help reset the body's energy system so that the patient has sufficient energy to resolve the side effects of anesthesia.

The entire area of negative side effects resulting from anesthesia is largely unrecognized and unexplored. Nevertheless a significant number of surgical patients are currently suffering from these symptoms. My goal as a practitioner is to help people resolve these side effects to the greatest degree possible in each individual case. It is my hope that this website will provide information, support, and hope to anyone suffering from the side effects of anesthesia. Please do not hesitate to contact me if you have questions or if I can be of service to you in any way.

Best wishes,

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