

Be Aware of Anesthesia Awareness

'Anesthesia Awareness is perhaps the most helpless and terrifying feeling in the world. It occurs when one is supposed to be completely asleep under full general anesthesia, but the brain is not asleep. Your body is almost always fully paralyzed; you have a tube down your throat; and you can't speak or move or do anything to alert the doctors that you are awake. If you do manage to move, as I did, a common response from the anesthesiologist is to simply administer another dose or doses of paralytic drug; not considering the possibility that the patient is awake; i.e. experiencing Anesthesia Awareness.' according to Carol Wehrer, President and Founder, The Anesthesia Awareness Campaign, Inc., anesthesiaawareness.com. Carol Wehrer says, 'Anesthesia Awareness has been one of the best-kept secrets in anesthesia, and was, at one time, one of the least-known phenomena in the medical or legal fields in general.' You may be conscious enough to only hear the doctors speaking or, at worse, feel some or all the pain. There are several causes for this horrific and traumatizing experience. Devices exist to detect anesthesia awareness. Do not let Anesthesia Awareness stop you from having surgery because you can take precautions. If you have been traumatized by anesthesia awareness, there are resources to help with the recovery.

The Joint Commission issued a Sentinel Event Alert (Issue 32, October 6, 2004): According to the Joint Commission, anesthesia awareness occurs 20,000 to 40,000 per year. Over 50 percent of patients who endured anesthesia awareness experience mental distress following surgery, with an indeterminate number with post-traumatic stress syndrome.

There are several causes of anesthesia awareness. Most causes are due to the care and attention of the anesthetist. You may be given two types of anesthetic drugs: one to make you unconscious, and the other to paralyze. The tank holding the drug to make you unconscious may be empty but the paralytic drug makes it impossible to communicate. Also the hoses from the tanks may be switched. In a 1999 syndicated radio interview the President of the American Society of Anesthesiologists admitted that *"drugs are sometimes mislabeled or administered in the wrong order, and tanks do run dry."* National Public Radio, Radio Health Network, double feature on Awareness, 1999. The anesthetist may not monitor your vital signs properly to detect any fluctuation. When you are supposed to be unconscious yet paralyzed, the anesthetist may only rely on your pulse and blood pressure to detect any problems. If the anesthetist is not alert, your distress may not be detected. If the anesthetist detects a problem, then a higher dose of the paralytic medication may be given rather than considering the possibility that the patient may be awake. The anesthetist may not use a brain activity monitor. At present, patients do not meet their anesthetist until minutes before surgery. The person who truly holds your life in his/her hands is less familiar to you than your hair dresser! Most patients are not told if they will be paralyzed and which monitors are available to determine if they are truly asleep. The anesthesia machines and their vaporizers may not be periodically maintained and meticulously checked by the anesthetist before administering surgery.

Technology is available to monitor anesthesia awareness. In the Joint Commission's alert dated October 6, 2004, 'To overcome the limitations of current methods to detect anesthesia awareness, new methods are being developed that are less affected by the drugs typically used during general anesthesia. These devices measure brain activity rather than

physiological responses. These electroencephalography (EEG) devices (also called level-of-consciousness, sedation-level and anesthesia-depth monitors) include the Bispectral Index (BIS)®, spectral edge frequency (SEF) and median frequency (MF) monitors. These devices may have a role in preventing and detecting anesthesia awareness in patients with the highest risk, thereby ameliorating the impact of anesthesia awareness. A body of evidence has not yet accumulated to definitely define the role of these devices in detecting and preventing anesthesia awareness; the Joint Commission expects additional studies on these subjects to emerge. In its review of the Bispectral Index (BIS)® monitor, the Food and Drug Administration determined that "Use of BIS monitoring to help guide anesthetic administration may be associated with the reduction of the incidence of awareness with recall in adults during general anesthesia and sedation." Using a brain activity monitor greatly reduces the occurrence of anesthesia awareness.

You can take precautions to protect yourself and family from anesthesia awareness:

- Do not use a surgical facility or hospital that does not use a brain activity monitor during general surgery. Find out if the facility follows the guidelines in the JCAHO Sentinel Event Alert #32.
- Ask your surgeon who will be administering anesthesia and whether he/she has ever worked with this anesthetist before.
- Insist on having time with your anesthesiologist well before surgery and research the following:
 - What kind of anesthesia monitors will be used?
 - **Insist that a brain activity monitor be used.**
 - When the medication tanks were last checked and by whom?
 - Whether the anesthetist will stay with you and only you during surgery?
 - What emergency backup equipment is available?
 - Whether you will be paralyzed and if it is absolutely necessary? Avoid paralysis if it is not necessary. If paralysis is necessary, avoid total paralysis.
- Find out what the hospital's policies are regarding patients who report anesthesia awareness.

If you experienced anesthesia awareness, then it is imperative to report the incident to your anesthesiologist, surgeon, JCAHO complaint system (jcaho.org), and the Anesthesia Awareness Campaign.

Victims of anesthesia awareness may need resources to overcome the trauma. The victim may encounter denial and mistreatment from hospital personnel. The victim's complaint is frequently put into question. Friends and family may dismiss the reality of the event. Victim may be encouraged to not 'rock the boat' in fear of more medical neglect if victim must reside in the same facility. Victims may experience nightmares, flashbacks, sleep pattern and personality changes, and exaggerated startle response. Victim may avoid crowds, noises may become troublesome, and control becomes an over-riding life concern. The memory never goes away. Psychological or psychiatric care may be needed. The

Anesthesia Awareness Campaign has published material and may be contacted: Anesthesia Awareness, PO Box 8592, Reston, VA 20195-2492, email: anesawareness@aol.com, site: anesthesiaawareness.com. Trauma-pages.com has excellent information for trauma recovery.