

Presurgery Anxiety? Hypnosis May Help

Miranda Hitti

Oct. 25, 2005 -- Hypnosis could help soothe anxiety before surgery, new research shows.

Doctors at Yale University's medical school reported the news at the American Society of Anesthesiologists' annual meeting.

They tested hypnosis on a small group of adults right before outpatient surgery.

Their finding: Hypnosis worked. After one hypnosis session, patients were less anxious about their operation than they had been just half an hour before.

Less Anxiety Before, Less Pain Later

Why do presurgery jitters matter? They've been linked to greater pain, increased need for painkillers, and longer hospital stays after surgery, write the researchers.

"We all know that anxiety increases the chances of postoperative pain, postoperative analgesic consumption, and also hospital stay and recovery," researcher Haleh Saadat, MD, tells WebMD.

"We were hoping that by using behavioral modification like hypnosis programs, preoperatively, we can get rid of the [postoperative] complications," she says.

Saadat is an assistant professor of anesthesiology at Yale's medical school.

Presurgery Jitters

Saadat's study included 76 patients of similar backgrounds. They were approached in a waiting room before getting any type of outpatient surgery.

First, the patients took surveys that gauged their anxiety level.

Then, 26 patients got a 25-30 minute hypnosis session. Another 26 patients got caring attention and support for the same amount of time. For comparison, 24 other patients just sat there for half an hour, without hypnosis or special attention.

Next, all of the patients took the anxiety surveys again. They took the survey a third time -- right before surgery, in the operating room, where they "saw the knives and everything," says Saadat.

Easing Anxiety

Patients were less anxious after hypnosis, even in the operating rooms, the surveys showed.

Right after hypnosis, anxiety levels were 68% lower than in the waiting room. In the operating room, the hypnosis group's anxiety levels were still less than half of what they had originally been, says Saadat.

Caring attention helped a bit at first, cutting anxiety by 10%. But the effect wore off in the operating room, when patients' anxiety level was 10% higher than it had been in the waiting room.

The comparison group fretted the most. Their anxiety levels were up 17% in the second survey and then shot through the roof. Those patients' anxiety levels were 47% higher in the operating room than in the waiting room.

Soothed by Hypnosis

Hypnosis can be used for many purposes, such as weight loss and smoking cessation, notes Saadat.

"For our study, we were looking to decrease anxiety," she says. "We [gave] them the suggestion of well-being and relaxation while they were in a trance."

Patients who got caring attention got encouragement and attentive listening from one of Saadat's colleagues -- but no hypnosis.

Next Steps

Hypnosis was "effective" at treating presurgery anxiety, writes Saadat's team. They call for more studies to confirm their finding.

Saadat and colleagues are already working on another study to see if presurgery hypnosis curbs pain, nausea, and vomiting after operations.

Those results will "hopefully" be available in a year or so, says Saadat.

Medication or Hypnosis?

Saadat says she's often asked about calming anxious patients facing surgery with medications instead of hypnosis.

"The answer that I always give is that first of all, most hospitals in the United States don't give medications to relieve anxiety routinely because there is no one there to monitor the patient," she says.

"The other thing is that the medications that they use [are] very short acting, and it doesn't have any postoperative effect for the patient," Saadat continues.

She says her team is working to extend antianxiety effects before, during, and after surgery.

SOURCES: American Society of Anesthesiologists' annual meeting, Atlanta, Oct. 22-26, 2005. Haleh Saadat, MD, assistant professor of anesthesiology, Yale School of Medicine. News release, American Society of Anesthesiologists.

Reviewed by Brunilda Nazario