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## Hypnotherapy isn't magic, but it helps some patients cope with surgery and recovery



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By Debra Bruno

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Diane Fresquez rests on an operating table at Cliniques Universitaires Saint-Luc hospital in Brussels, a pale blue cap on her head. She's having her two tiny parathyroid glands removed.

But for this operation, Fresquez is awake. Cradling her head with two hands and stroking her forehead is Fabienne Roelants, an anesthesiologist who is using hypnosis to get Fresquez through the procedure.

"I'm inviting you to fix upon somewhere, not to take your eyes off it," Roelants says in a French-accented voice. "Now you can close your eyes, to be more relaxed and more comfortable." Fresquez closes her eyes. "Now you are at a day in November," Roelants continues. "It's a Thanksgiving dinner at home. I'm inviting you to observe your friends, your husband. The lights are low, and small candles are flickering in the windowsill."

As Roelants talks, Fresquez grows totally still and her eyes close. A surgeon inserts a long needle into her neck to numb just the area near her parathyroid glands and then cuts a one-inch hole in her throat area to remove two glands, each the size of a grain of rice.

When it's over Fresquez says she felt "relief and joy that the hypnosis worked, that I went through surgery without general anesthesia. . . . I felt like I had run and won a marathon." (As a friend, she let me watch the procedure by video.) Although she had worried in the beginning about relying only on a local anesthetic, when Roelants assured her that she could change her mind and be put under at any point during the surgery, Fresquez felt reassured.

And she says, "I would absolutely not hesitate to do it again."

## **Some hospitals try it**

Hypnotherapy — also called clinical hypnosis or hypnosurgery — has been used in Europe for minimally invasive procedures, such as hernia repair, lumpectomies, biopsies and some mastectomies in breast cancers for several decades. But in the United States, hospitals and doctors have shied away from the therapy.

Girish Joshi, an anesthesiologist at UT Southwestern Medical Center in Dallas, who has studied, with European colleagues, [using virtual reality in hypnosis](#), says that, in contrast to a quick injection, hypnosis takes time to implement, the response rate can be slower and the U.S. payment system is not geared to alternative medicine.

Now, however, some U.S. hospitals are offering hypnosis to patients to [lessen preoperative anxiety](#), to manage [postoperative pain](#) and even to [substitute for general anesthesia](#) for partial mastectomies in breast cancer. (Hypnosis has been used for years to help people quit smoking, lose weight, get to sleep and control stress.)

Houston's MD Anderson Cancer Center, for instance, started using hypnotherapy about two years ago for segmental (partial) mastectomies and sentinel node biopsies, in which doctors identify and remove a lymph node in the underarm area as well as cancerous tumors in the breast, says staff anesthesiologist Elizabeth Rebello, who is also an associate professor in anesthesiology at MD Anderson Cancer Center at the University of Texas.

While there have been no published results yet of the hospital's ongoing randomized control study comparing surgical patients who get either general anesthesia or hypnosis with local anesthesia, the feedback and results from the 60 hypnotized patients in the ongoing study have been positive, Rebello says.

Before the surgery, patients have a 15- to 20-minute practice session with a hypnotherapist. During the breast surgery itself, the patients are awake and EEG monitoring of brain electric impulses shows many patients responding to the hypnotherapy as if they are under sedation. When patients were asked whether they'd use hypnotherapy again, she said, "the overwhelming response is yes."

## **Treatment isn't a magic trick**

Guy Montgomery, a clinical psychologist at New York's Icahn School of Medicine at Mount Sinai, who has [studied hypnosis for cancer care](#), says that while the technique is "not magic," it

can make pain more manageable. “I’m not saying they would have zero pain — although that may happen for some people — but let’s see if we can turn that dial down” on pain, he says.

Let’s be clear: This is not the parlor game where a hypnotized person is convinced to disrobe or prance like a chicken. The American Psychological Association defines hypnosis as a “state of consciousness involving focused attention and reduced peripheral awareness characterized by an increased ability to respond to suggestion.” It’s like being so focused on a task that a person doesn’t notice what’s going on around her, experts say.

Proponents note that patients are always in control, and they are never persuaded to do something they’re unwilling to do. And no medical expert is suggesting that hypnotherapy be used for major invasive surgeries.

Montgomery says patients should definitely bear in mind some caveats before they opt for hypnotherapy: Make sure they get a licensed health-care professional since anyone can claim to be a hypnotherapist. For people with certain mental health problems, such as dissociative disorders, hypnosis could trigger unexpected reactions, such as paranoia. “You might be thinking about controlling pain, and some big psychological issue starts popping out,” Montgomery says. A health-care professional will probably be prepared for such situations.

Daniel Cole, vice president of the Anesthesia Patient Safety Foundation and clinical anesthesiology professor at the David Geffen School of Medicine, University of California at Los Angeles, says that hypnotherapy is a “very intriguing alternative” for some patients.

If the definition is simply a “focused attention that allows a patient to enhance control over mind and body,” it could work for minor surgeries, he says. It also could be an option for older patients who are more susceptible to delirium after general anesthesia, he adds.

Patients also need to be able to expect that their pain can be controlled by a combination of local anesthesia and hypnosis. “The last thing you want is to compromise the procedure because the patient is suffering and in pain,” he says.

## **Managing pain, limitations**

Psychiatrists and some anesthesiologists say it is not surprising that hypnotherapy has been [shown to work with pain management](#). Pain perception, because it originates in the brain, can be different for every person, says David Spiegel, associate chair of psychiatry and behavioral sciences at Stanford. Hypnotherapy can actually alter how much pain a person feels, he says. [Stanford](#) offers patients classes in self-hypnosis to deal with a variety of medical issues, including pain, stress-related neurological problems, phobias, side effects from medical treatment, such as nausea and vomiting, and cancer.

Debbie Phillips, 63, an entrepreneur based on Martha’s Vineyard, turned to hypnosis 10 years ago when she needed a biopsy done on a growth on her thyroid. She did a few preparatory sessions with Elvira Lang, at the time chief of interventional radiology at Beth Israel Deaconess Medical Center. Lang then accompanied Phillips to her needle biopsy, helping Phillips imagine a

placid beach scene as a long needle was inserted into her neck with no local anesthetic. It wasn't completely painless, Phillips said, but Lang would sense that "and take me deeper."

Lang, who calls her method "non-pharmaceutical patient sedation, or "comfort talk," says she developed her system over the past 25 years as a radiologist working with patients who needed "minimally invasive" procedures that didn't involve cutting but that used X-rays to guide doctors to open up blocked arteries or treat gallstones.

"The patients are awake, and they look at you with their big, fearful eyes," she says. She realized that drugs go only so far, but if someone is unconscious, they can't cooperate with the procedure.

When Phillips's biopsy showed she had thyroid cancer and would need surgery, Phillips continued to use hypnosis for anxiety. This time, Lang did her hypnosis by phone. Phillips says she was so relaxed she said to her husband, "I'm having major surgery, and I'm totally cool about it." Her husband responded, "You are technically under hypnosis."

Although she needed general anesthesia for this procedure, she said she was so relaxed she refused any presurgical anxiety medication.

Using hypnotherapy in place of sedating and pain medicines is also being used at MD Anderson, says Rebello, who noted that in some breast cancers surgeries it has meant less reliance on opioids for relief during and after the procedure.

"Hypnos Sedation will not completely replace general anesthesia," Rebello says. But in some cases when the standard of care is general anesthesia, hypnos Sedation might be a better plan. "If this is the case, we owe it to our patients to explore this option."

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