

# BODY & SOUL

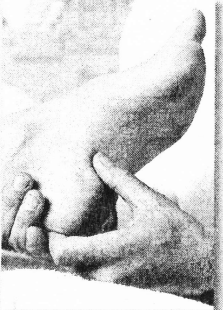
## INSIDE



### MIND

One expert says a measure of maturity is the ability to take yourself less seriously

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### HOTLINE

An examination of the feet can help doctors identify and diagnose diabetes

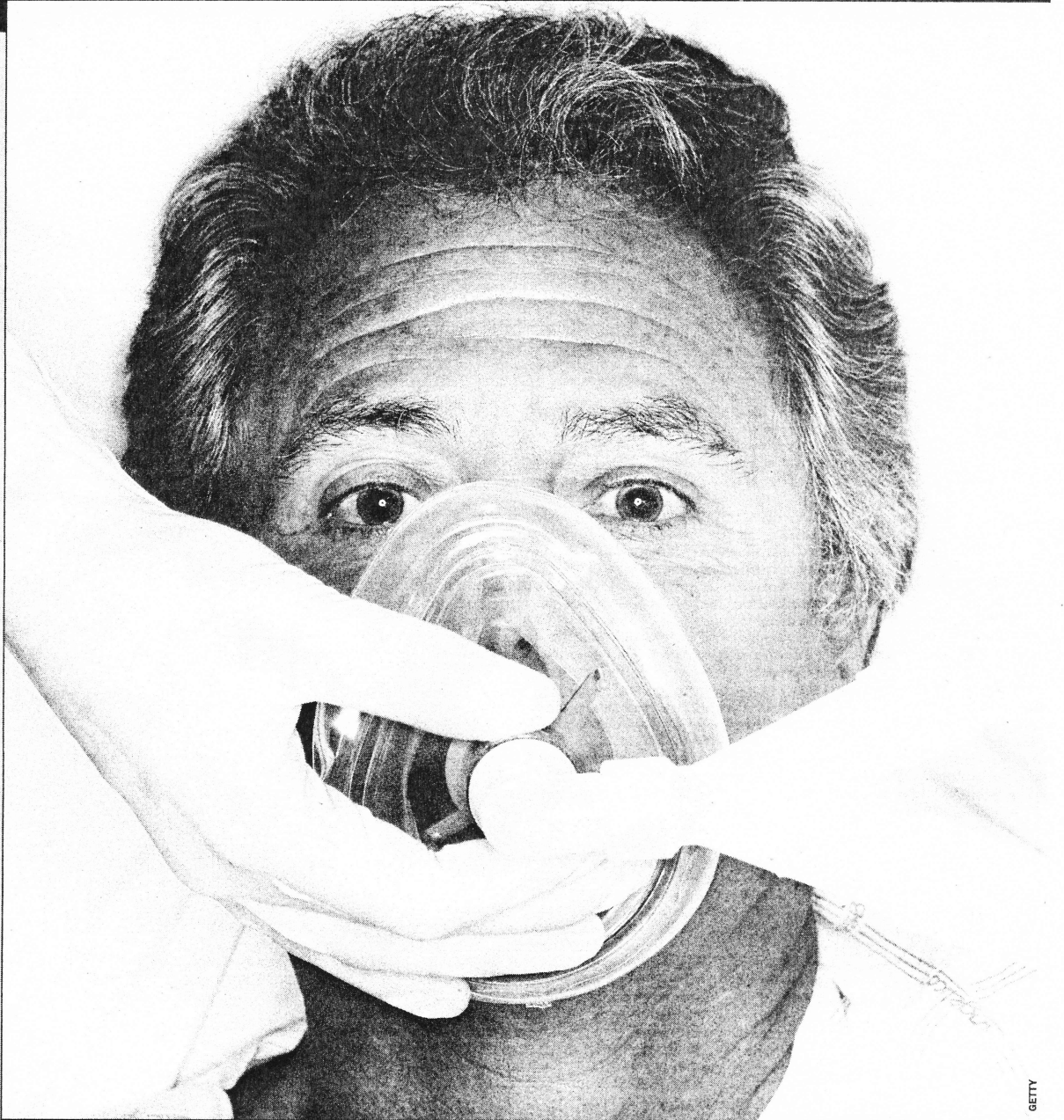
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### LIVING WITH...

Thanks to aggressive new treatments, acne is no longer the teenage scourge it once was

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GETTY

## Horror in the O.R.

*Inadequately anesthetized, thousands of surgical patients remain conscious during their operations each year*



SUPERSTOCK

Angela Barca remembers the birth of her son Steven, 17, like it was yesterday, but for a horrifying reason. Despite being given general anesthesia for an emergency Caesarean delivery, she found herself awake.

"It started with a burning sensation, like I was on fire," she recalls. "I felt like my insides were being ripped out. I was thinking then, and for months afterwards, that this is what it's like for people undergoing torture."

The realization was all the more disturbing for Barca because she had been a surgical nurse in the operating rooms of the Long Island hospital where this took place.

"I was thinking that if people feel this during surgery and we don't know it, how horrible is that?"

But when she tried to tell the surgical team, she couldn't. Along with the drugs supposed to render her unconscious and numb, she was also given a paralytic agent, a standard treatment to avoid patient movement during an operation.

"I couldn't talk, kick, blink my eyes, anything," she remembers. "I heard them say it was a boy and I thought, I'll never get to see him. I was sure I was going to die from the pain."

**'IT'S ALL IN YOUR HEAD'**

To make matters even worse, when her ordeal was over and she recovering, she told the anesthesiologist of her awareness and pain, but he didn't believe her.

"His only response was 'That's not possible.' Another doctor said I must have imagined it, I must have an overactive brain."

Thinking that her experience was an anomaly, she stopped talking about it, never mentioning it even to her children. She left nursing and became a health educator in middle and high schools. Long after her recurring nightmares of the event subsided, she still fears surgery with general anesthesia — something a new health problem will likely require. Then, a few months ago, she read a newspaper article and discovered she was not alone in experiencing awareness under anesthesia.

In October, the Joint Commission on Ac-

# Becoming too aware

BY STEVE DITLEA

creditation of Healthcare Organizations (JCAHO), the independent body that certifies hospitals and surgical centers for safety, issued a warning: Tens of thousands of patients every year may be awake during surgery. Though such incidents are statistically rare — an estimated 0.1%-0.2% of patients — since 21 million patients annually are put under anesthesia in operating rooms, between 20,000 and 40,000 being underanesthetized. Of these, nearly half remember hearing what's going on around them and nearly 30% feel pain.

The JCAHO alert, with its recommendations for staff education, pre-op and post-op discussions with patients, and better monitoring during anesthesia, was a wakeup call for medical professionals, many of whom remain skeptical of awareness under anesthesia.

"This alert should make us all more sensitive to a potentially serious problem," says Dr. John Herbert, clinical professor of anesthesiology at Columbia University's School of Physicians and Surgeons and director of anesthesiology at Harlem Hospital. "We need to listen to our patients."

Dr. Herbert first encountered a patient who was incompletely anesthetized early in his career, when an elderly patient who had undergone open-heart surgery thought she dreamt a surgeon's profanity-laden conversation, which those in the

O.R. recognized as his exact words.

"The possibility of awareness increases when lighter anesthesia is required to be administered because of risk factors with elderly patients or, with obstetric patients, because of concerns for the newborn," Dr. Herbert says. Still, he warns that patients should not become unduly alarmed, since awareness under anesthesia is an extremely rare occurrence.

**KEEPING TABS ON CONSCIOUSNESS**

The best way to prevent underanesthetizing patients is better monitoring during surgery. Traditional methods include continuously checking a patient's blood pressure, heart rate, and blood oxygen levels, but these signs can be thrown off by drugs like beta-blockers.

Recent monitoring technology is able to more accurately evaluate brain-wave activity and produce a number between 1 and 100 that characterizes the patient's level of consciousness; maintaining a reading between 40 and 60 can safely avoid awareness. This monitoring adds just \$15 to \$20 to the cost of an operation, but some anesthesiologists are still not convinced of its necessity.

After Dr. Herbert consulted with the staff, Harlem Hospital's operating room was one of the first in New York to add such monitors.

"When I remarked that I thought we could use this," he recalls, "a surgical colleague told me she had experienced awareness herself" while having a breast biopsy under general anesthesia in another New York operating room. The surgeon was awake at the beginning of the procedure but unable to communicate her pain due to the paralytics she had been given.

"It's an unbelievable feeling because you want to scream, 'Stop!' and you can't move," she says, preferring not to be identified. The anesthesia finally knocked her out and she didn't feel traumatized by the experience, so never told her doctors. "I figured I was alive and they would feel awful if they knew that I was awake," she explains. "I'd never discussed it with any of my colleagues until my conversation with Dr. Herbert."

For Carol Wehrer, founder of the patient advocacy Web site [anesthesiaawareness.com](http://anesthesiaawareness.com), the surgeons' professional deference comes as no surprise. "I feel the old school of doctors is hard to change," she says.

Seven years ago, she encountered disbelief when she told doctors of her excruciating pain while under general anesthesia for the removal of a diseased eye in a Washington, D.C. hospital. The pain left her in such mental distress that she's still unable to sleep lying down. Nonetheless, her prompting helped spur a JCAHO official to initiate the study that generated their alert to 15,000 health-care organizations nationwide.

On her site, Wehrer offers the first Med-Alert bracelet for patients who have experienced anesthesia awareness, so they can receive more vigilant care in an emergency. For anyone concerned about anesthesia awareness in a voluntary procedure, she recommends that a patient ask whether a hospital has one of the brain-activity devices, known as BIS, SEF, or MF monitors depending on the manufacturer, and specifically request that it be used during surgery.

"Tell all of the medical personnel you deal with that you know about anesthesia awareness," she insists. "The only way to keep it from happening is for patients not to tolerate it."