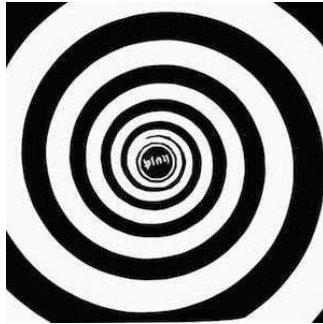


Hypnosis for Surgery



A study published in *Neurosurgery* reports that a new hypnosedation technique could offer a new alternative for patients undergoing awake surgery for gliomas.

Dr. Ilyess Zemmoura of Centre Hospitalier Universitaire de Tours, France, and colleagues report that hypnosis has been successful in patients undergoing awake craniotomy for brain cancer. Hypnosedation could thus prove to be a valuable tool for patients with more advanced brain cancers.

The researchers investigated the technique in 37 patients undergoing awake craniotomy between 2011 and 2015. Preparation for hypnosis began a few weeks before the actual surgery. The anesthesiologist/hypnotist met with the patient to carry out a short hypnosis session so that the patient would become familiar with the process and would be able to create a "safe place" which they could use effectively during hypnosis.

When patients were taken to the operating room, they were put in a hypnotic trance and were instructed to let go and separate their mind and body. The hypnosis was progressively enhanced during the first steps of the surgery and patients were instructed to imagine their safe place at each unpleasant step of the surgery.

The study participants underwent a total of 43 surgeries with hypnosedation. The technique failed in only six patients who underwent standard "asleep-awake-asleep" anesthesia. But in patients where the technique was successful, no negative psychological impact was observed. Hypnosedation successfully reduced the impact of unpleasant events during the surgery.

The researchers point out that the success of the technique was greatly dependant on the patient's motivation and determination. The success can also be determined by the fact that only two patients said that they would not choose hypnosedation if they had to undergo a second awake craniotomy.

These results are very encouraging but Dr Zemmoura and team caution that there is still no evidence that hypnosedation is superior to standard anaesthesia. They point out that the technique requires significant investment of both time and commitment. "It requires intense involvement and long training of the whole team, including the patient."

Source: [Neurosurgery](#)

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