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Hypnosis in pain management

Hypnosis can be used for all patients for pain relief including, in some instances, as a form of analgesia for surgery, a Perth conference of anaesthetists and pain specialists will be told tomorrow.

New Zealand psychiatrist and pain medicine specialist, Dr Bob Large, from the Auckland Regional Pain Service says about 10 to 15 per cent of the population is highly hypnotisable and could potentially undergo surgery, such as gallbladder or thyroid removal, without anaesthetic.

However, Dr Large will tell the Australian and New Zealand College of Anaesthetists conference the rest of the population can still benefit from hypnosis to control their pain levels through suggestions made by a specialist that can change a patient's expectations of pain. This has been shown to be effective in child birth and for dealing with cancer and chronic pain and pain following medical procedures.

"Most of us can get some sort of pain control by just being engaged in a good clinical interaction with good hypnotic technique," he says.

"This means in the pre-operative period, anaesthetists and other clinicians can use a set of instructions and suggestions for the patient, creating expectations that are positive rather than potentially alarmist."

In a session on psychological approaches to pain management, other speakers will include **Mr Carl Graham from Fremantle Hospital** who will look at mindfulness in pain management and how people can manage their pain by becoming aware of, and changing, how they think about and respond to their pain. **Dr Damien Finniss from Sydney University's Pain Management Research Institute** will look at the placebo effects in the management of pain and how the therapeutic ritual which is a part of routine healthcare can improve clinical outcomes.

Clearing the air on quitting smoking before surgery

Quitting smoking within eight weeks of surgery doesn't lead to an increased risk of breathing problems and other post-surgery complications as previously thought, according to recent research.

Dr Ashley Webb from Peninsula Health in Victoria will tell the conference that new research allays these concerns, showing a trend to lower complications in recent quitters.

“Anytime is a good time to quit smoking before surgery and anaesthetists are in an ideal place to inform smokers of their increased risks of surgical complications and encourage them to butt out,” he says.

At Peninsula Health, a recent study showed only 34 per cent of smokers having elective surgery were aware of increased surgical complications, such as a 38 per cent higher risk than non-smokers to be dead within 30 days of surgery, a 200 per cent higher risk of post-operative pneumonia and between 30 to 40 per cent more likely to get a wound infection. But the study found if the smoker received advice to quit before surgery from a surgeon, they were twice as likely to give up.

Opioid usage in the United States – a cautionary tale

In the United States, the number one killer of children aged 12 to 17 is the use of pharmaceuticals, primarily opiates, which they obtain from the family drug cabinet.

Dr Daniel Bennett from the Integrative Treatment Centers in Colorado will tell the conference in the past 10 years, the amount of opioids being prescribed in the US has more than quadrupled to the extent that if doctors stopped prescribing today, there would be enough opioids to give every man, woman and child 10 milligrams of hydrocodone every three hours for four weeks.

This has led to regulatory authorities cracking down on prescribing to the point where many pain patients can't access the opioids they need. He says the solution is to train physicians how to select patients and responsibly prescribe medications.

Other speakers at the conference include:

- **Dr Bridin Murnion from Sydney's Royal Prince Alfred Hospital's drug health services unit** who will talk about opioid misuse in Australia.
- **Dr Victoria Eley from Royal Brisbane and Women's Hospital** who will outline early results from a study at her hospital that show a pre-birth counselling session for morbidly obese pregnant women with an anaesthetist can help them better decide pain relief options.

For further information, or to attend the meetings or interview speakers, please contact ANZCA Media Manager, Meaghan Shaw, on +61 408 259 369 or email mshaw@anzca.edu.au. Please note, Perth is two hours behind AEST and four behind NZST. Follow us on Twitter [@ANZCAnews](https://twitter.com/ANZCAnews).