

# No evidence of long-term PTSD risk in patients with awareness during surgery

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Patients with confirmed episodes of awareness during anesthesia and surgery don't seem to be at increased risk of posttraumatic stress disorder (PTSD) or other problems with psychosocial well-being at long-term follow-up, reports a study in *Anesthesia & Analgesia*.

"We found no indication that intraoperative awareness with recall had any long-term effects on patients' psychosocial outcome," concludes the new research by Dr Tanja Laukkala of the Centre for Military Medicine in Helsinki, Finland. Anesthesiologists "should respond to the findings...with a mixture of cautious optimism coupled with a renewed commitment to the prevention and treatment of PTSD" after intraoperative awareness, according to an editorial by Dr George A. Mashour of University of Michigan Medical School and Dr Michael S. Avidan of Washington University, St Louis.

## No Long-Term Cases of PTSD after Awareness during Anesthesia

The long-term follow-up study included nine patients with a documented episode of intraoperative awareness during general [anesthesia](#). All patients had "definite awareness with recall"—they accurately described events that occurred during their surgery. The patients were identified from previous Finnish studies of intraoperative awareness.

A median of 17.2 years after their episode of intraoperative awareness, the patients were evaluated on a battery of tests of psychosocial well-being. Assessment included formal diagnostic interviews for PTSD, along with anxiety, depression, and other psychiatric disorders. Nine

patients with similar characteristics—who had undergone surgery without intraoperative awareness—were studied for comparison.

The results showed no significant difference in psychosocial outcomes for the patients with versus without intraoperative awareness. In particular, none of the patients with intraoperative awareness were diagnosed with PTSD.

In fact, in no patient did the episode of intraoperative awareness meet criteria for being a "potentially traumatic event" of the type leading to PTSD. Other measures of psychosocial well-being, including quality of life ratings, were also similar between groups. A few patients in each group had depression or other psychiatric disorders.

## **Ongoing Efforts Needed to Prevent Intraoperative Awareness**

Intraoperative awareness with recall is an uncommon but documented complication in patients undergoing general anesthesia. Previous studies have suggested that intraoperative awareness may place patients at risk for PTSD and other mental health conditions, such as depression or alcohol abuse. Because intraoperative awareness is rare, it is difficult to study the possible psychological after-effects.

Previous studies have reported high rates of PTSD after intraoperative awareness, but have had important limitations. For example, some studies have recruited patients through advertising, introducing a potential source of bias.

The new report is the longest follow-up study of patients with documented episodes of intraoperative awareness with recall. Dr Laukkala and coauthors note that the patients in their study received

"appropriate psychosocial support and services" and explanations of their memories and symptoms—which may have lessened the long-term impact of the event.

The results suggest that intraoperative awareness doesn't necessarily increase the risk of PTSD and other mental health problems. The researchers write, "We emphasize that it is of utmost importance to try to prevent intraoperative awareness, and when recognized, potentially traumatized individuals should be offered support according to evidence-based guidelines."

While the findings are reassuring, they do not mean there's no risk of PTSD after an episode of intraoperative awareness, according to Drs Mashour and Avidan. In their editorial, they call for further studies to understand which procedures or [patients](#) are associated with a higher risk of intraoperative [awareness](#) and PTSD, to facilitate early recognition and prompt treatment.

**More information:** [Read the article in Anesthesia & Analgesia.](#)

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