BLOG 2015 - 1 Last Modified 2015 January 08

An adventure in consciousness

My experiences with the repair of a detached retina in January 2010 (see BLOG 2014 - 5.) led indirectly to a personal "psychological adventure" in consciousness and control. Although I certainly wouldn't recommend it to others, I found what happened quite fascinating. (Of course, I was *somewhat* prepared.)

During the two weeks prior to the detachment, I had had one of the worst cases of bronchitis in years. I was figuratively coughing up my lungs, and although the severity was much reduced by early in the new year, I was still racked by a lot of coughing. Naturally, this upset the ophthalmic surgeon who was planning to save my sight by doing surgery as soon as possible. The usual mild sedation was no longer an acceptable option; one good (and sudden) cough and my eye could be jelly.

Discussions led to a plan to put me under full anesthesia, use a paralytic agent to produce full immobilization and respirate me through a tube. In that way, the operation could still move forward quickly – an urgent matter – and no coughing would interrupt.

So……I went "to sleep" and the work began.

Probably about 10-15 minutes later, I woke up. Not drowsy, not fuzzy. Simply awake and wondering what was going on; was I finished; had I already been moved to recovery? Although my view was pretty fuzzy and poorly defined, I could see people in surgical scrubs, moving toward and away from me, and talking quietly with each other. (This was beginning to look increasingly like what I describe as an "oops" situation.)

I remembered that I was supposed to be paralyzed (and I had read about this sort of thing happening during occasional surgeries). I therefore decided to try to communicate with the operating room staff.

First try: speak or make some noise – even a grunt or a nose whistle. Nope. Nothing! OK. Let's move an arm? No. A leg? No. OK. Surely, we can raise a little finger, to get someone's attention. No, again. Absolutely nothing. I resigned myself to an uncomfortable experience. The surgeon approached me. I felt a tool of some sort touch my eye.

I could feel the touch. It wasn't pleasant, but I must have had sufficient pain drugs to prevent more than a discomfort. Again, he approached and did more. Same effect. Noticeable touch, modest discomfort, no real pain. My unusual condition thus became (for me) the subject of a

fascinating opportunity. After a couple of minutes, however, I drifted back to sleep. The next time I awoke, I *was* in recovery.

The first response to the nurse, when she checked on me was: "I woke up while they were operating." Perhaps needless to say, this seemed more upsetting to her than to me. For me, the rapid realization about what was happening had made the event more an empirical one, rather than a terrorizing one. (I don't speak for how I might have felt if my procedure had been major surgery – say a heart transplant! I doubt such an experience could have had exactly that same sort of flavor.)

In any case, the anesthesiologist was beside my bed within perhaps a minute, apologizing and asking for more details. I recited the story I've just written. He apologized again and said that they would determine what had happened. Although I don't know that hospital's policy, or the state of ethics and legal rules at that time, I was impressed by his responsiveness and concern.

Recovering at home, a few days later, I received a call from the same doctor in the evening. He asked if it would be all right to take a few minutes to explain what they had checked and when they now believed I was awake. Specifically, he said that he and the medical staff had gone back and looked at my surgical records; within the records, they found a few-minute period in which both my heart rate and my respiration were higher than expected. This period could have represented the time I was conscious, because it also matched the sort of things that would have been taking place. OK – I appreciate the trouble and I appreciate knowing.

Then the really outstanding actions took place (for me anyway; perhaps this is now the standard practice). He asked again how I was doing. Did I think about the events a lot? Did I have any nightmares? He said that the hospital would be happy to pay, if I felt any need to speak with a suitable counselor about my experience. After I assured him that I found the experience more interesting than frightening, he reiterating his offer and apologized yet again. We then finished our conversation and I went back to my recovery.

My take-away message is not a simplistic "don't be frightened; everything will be OK." People will respond to such events in many, highly individual ways. I can't say that concentrating on dispassionate observation is any better or worse than simply screaming inside your head, although neither will probably do you much immediate good.

My message is that I was fortunate. My previous reading was broad enough that I quickly realized the situation, even if I nevertheless did conduct my *experiments in movement*. It is, however, perhaps a "life-lesson" that even professionals can make mistakes or miss a clue for taking some different action. The best ones (such as I had) will look for how an error happened and will apologize for it, if they missed something. Arrogance is not a sign of strength.

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