



NOTE: As a general rule, I try to limit each case study to a few pages that highlight the key points. However, this case study is presented in its entirety because Liz had the misfortune of exhibiting virtually every possible negative side effect from general anesthesia. Her story includes two trips to the ER, visits with numerous doctors, multiple attempts at medication, and a profoundly negative impact physically, emotionally, and energetically. Six months after her surgery, Liz has shown dramatic improvement and has been able to resume normal activity. However, several mild side effects are still expressing in her system. She recently resumed treatment with the goal of healing completely out of her traumatic experiences with anesthesia.

I had surgery to remove bilateral ovarian cysts. I was very nervous before the surgery because they were also looking for ovarian cancer. They told me immediately after the surgery that there was no cancer and that was a relief. Then I started to shake. In the recovery room they asked me about my pain and gave me morphine for it, but I couldn't seem to relax in order for the pain medication to take effect. They kept giving me more and it still didn't help. Finally they switched to a stronger pain medication and after the third dose it did seem to take away the pain and I could finally relax a little bit.

I ended up having to spend the night in the hospital because I couldn't urinate. They watched me throughout the next day; because I could finally urinate, they discharged me around six in the evening.

I got home and tried to go to sleep but, no matter what I tried, I could not get comfortable; I was really on edge. Later I felt like I couldn't breathe and I was a little itchy. So we went to the Emergency Room. The doctor said that I was having an allergic reaction to the Vicoden so she switched me to Percoset. I did have some hives around my stomach. Then they sent me home. I still was having a really hard time sleeping; I just could not get comfortable even when I moved to a different bed and even tried sleeping in the recliner. I just ended up pacing all over the place.

A couple of days went by and I wasn't doing that great. I was having a hard time eating and I was feeling very nauseous. One evening, I felt like I couldn't breathe again. I went upstairs to try and collect myself, but I couldn't. Later that night I went back to the Emergency Room because I felt flushed and really dizzy; I couldn't breathe and felt like I was going to pass out. They did many tests on me and said that everything was fine. The doctor said that I was feeling this way because I hadn't been able to eat or sleep much and because I was anemic. The doctor told me I had gone into fight or flight mode and told me to go home and take a valium. I thought "OK, great; it's just all in my head." So I went home and took a valium and it didn't do anything. I just seemed to be doing worse and worse. I was totally overwhelmed and over-stimulated by everything; I was just very out of it.

When Liz came to see me, she was desperate. She had not been able to sleep for many days and was unable to do even simple functions like eating and walking. She was disoriented, physically unstable, emotionally exhausted, and deeply terrified about her state. Her condition had been worsening over the last several days and was continuing to deteriorate in an accelerating downward spiral.

The week went on and I kept feeling awful. I talked to a friend who recommended that I see Doug because he specialized in post-surgical trauma and complications from anesthesia. I talked to Doug on the phone that evening. What I thought was so wonderful was that Doug saw me immediately; he could tell that I was in crisis and needed to be seen right away. When I arrived for my emergency session, Doug seemed to know exactly what I was talking about. It was quite a relief because I felt like he could help me. Doug seemed to understand that it wasn't just that I was anxious or having a panic attack.

The doctor had kept saying, "Oh, you're just anxious." But I felt that something was definitely not right with me. I went into surgery one way and I came out another way, a totally different way. It was like I was a completely different person; something was happening to me and I didn't know what it was. I felt lost but I knew that it wasn't just anxiety. I didn't know what it was, but Doug seemed to know what was going on.

PHASE I: DAMAGE CONTROL AND STABILIZATION

The first clinical priority was to stop her system's precipitous decline. The first few sessions were focused entirely on damage control and stabilization. I saw her six times in the first seven days. [This is highly unusual and is indicative of the extremity of her situation.] *Doug saw me again the next morning. At the time I couldn't take in a lot of new information. I was overwhelmed by virtually everything. I couldn't concentrate. I was just trying to get by, to make it from one moment to the next, to survive day to day. I remember telling Doug that I used to be happy but now I wasn't. I felt like I would never be happy again.*

Emotionally Liz was in complete overwhelm. I worked to reassure her that this type of extreme response to anesthesia had happened to other people, that it was possible for her to recover, and that she was not headed for either insanity or death. *Everything was kind of coming out at once, it felt like anxiety, depression, and fear. I was anxious and very upset. I was totally terrified. I was shaking a lot and I felt like nothing was right with the world and with me. I couldn't sleep and I was all jittery. I'd wake up shaking. I would wake up all night long. Doug's treatments helped me with that right away.*

Physically, I worked with her Central Nervous System (CNS). Her CNS was locked into its sympathetic state, "fight, flight, or freeze," and she was cycling through these three options. *I was also really dizzy and very disoriented with everything. I'd be in a room with several people and I couldn't keep up with the conversations. Everything was overwhelming and overstimulating. And I mean everything. I could not watch TV. I couldn't really sleep. All I could do for about two weeks was just lie there. The doctors put me on anti-anxiety medications and that sort of helped, but not really. It took the edge off but then it would just come right back. I still wasn't sleeping. In the beginning I think that I went for days without sleeping.*

Utilizing numerous techniques from cranial work to an assortment of grounding and centering exercises, I worked to slow her nervous system's pace and to help it switch to the parasympathetic phase of "rest, repose, digestion, and healing." By the third session Liz was able to make this switch in my office, but it only held for a short time before returning to the sympathetic phase. Over the course of the first week, the treatments helped Liz increase the amount of time that she spent in the parasympathetic state. She began to sleep a little better, eat a little food, and have moments of peace. *My sleeping gradually got better as well. In the beginning I would wake in the morning shaking all over. This was a pretty big deal; it was so hard for me to start the day like that. Over time, I slowly got better when I woke up.*

Liz's body was struggling with the effects of her surgery as well as from her violent reaction to the anesthesia. Her legs, pelvis, low back, and abdomen were all in a splinting or contractive state. Since this had been going on since her surgery, Liz experienced this as both exhausting and extremely painful. *My back started hurting a LOT; it was very painful. I could barely bend over to go to the bathroom or to brush my teeth. Doug worked on my back and the pain reduced right away. Also, I had major restless legs in the beginning; I just could not keep my legs still. Doug helped that go away in just a few sessions.* A different group of techniques, including massage and soft-tissue mobilization, gradually lessened the muscular holding. Both the tension and pain were reduced during that first week of treatment.

On an energetic level, Liz's system was fluctuating between being shutdown and flailing wildly. One unusual aspect was that Liz became very hypersensitive which allowed her to directly experience and to accurately describe the state of her energetic system. Prior to her surgery Liz had had no understanding of her body's energetic systems nor any direct experience with feeling her own energy. Suddenly, she was able to perceive a wide range of completely new and foreign sensations happening within her body. This was overwhelming and frightening. Clinically I responded to this in two ways. First she needed basic explanations about what was happening energetically. This gave Liz confirmation that her experiences were indeed real. Next, I used a set of subtle energy techniques to quiet her energetic system and to help it reset to more normal parameters. Remarkably Liz was able to have a direct experience of this; she knew when her energy system shifted and how it had changed. *I had this energy moving up and down my core and I would get very hot and unsettled. I had never felt anything like that before in my life. Doug knew what was happening and did his best to explain it to me and to reassure me that I was OK. When I asked the doctors about it, they said, "you're having an anxiety attack." But I wasn't actually feeling panic; I could just feel stuff moving around inside of me. Sessions with Doug helped quiet this down. Of all the different practitioners that I saw, Doug was the only one who had knowledge about my body's energy. No other practitioner had a clue about my body's energy or what was happening to me.*

PHASE II: SLOGGING AND SURVIVING THE "YO-YO"

During this phase Liz was able to participate more and, correspondingly, demanded more of me. She had sessions every 2-3 days over the course of 5 weeks for a total of 15 sessions. This was a challenging period for Liz involving a lot of perseverance and hard work. She dealt with large fluctuations in her state. These ranged from the highs of feeling better and having increased function to the lows of exhaustion, depression, and doubt that she would ever return to a normal life. Like a yo-yo, she was up and down many times during the course of each day.

I think I saw Doug every day for the first week and then I saw him every other day. I really wanted to come in every day because it helped so much. Then I felt like I could make it a day without a treatment. I was starting to feel a bit better, but then I would suddenly feel worse. It was two steps forward and one step back. It was like a roller coaster.

I definitely am one of those people that want an automatic fix. That wasn't going to happen in this case. I would start to feel better and I'd say, "Oh, I'm better," and then I would get worse again. I wanted to be better a lot quicker. Doug explained that it was going to take a while to recover. He helped me to manage my impatience and to hang in there while I slowly healed.

There were four main aspects to this phase:

1. Need for deeper cognitive explanation

As her mental fog began to clear, it was no longer enough for me to simply acknowledge what she was feeling. Liz demanded explanations for what was happening, why it had happened, how she was going to get better, what the time frame was for her recovery, etc. While she didn't always like the answers, this information was crucial to her recovery. *When Doug explained what was happening to me, it was a huge relief. At last, someone understood what was happening and what to do about it. Doug also had so much compassion for me as I struggled to recover from this whole anesthesia experience. After he explained it clearly to me, it seemed like something I could understand. It felt exactly like that was what was happening to me. Everyone else was dismissing what was happening to me as "just anxiety." But nobody else could explain how I could go into surgery one way and come out another. IT FELT AWFUL TO BE JUST DISMISSED. My husband talked to the doctor and said, "after the surgery, she's so different. She's not herself and she can't seem to snap out of it." The doctor's response was, "just make sure she keeps taking the antidepressants. It will take six to eight weeks before the medication will take full effect."*

2. Emotional ownership and safe emotional release

In the first two weeks, Liz's emotions were so large and powerful that they threatened to overwhelm her. At that time my response had been reassurance and calmness. I had steered her away from engaging these powerful feelings. *Before seeing Doug I thought that my emotions would get worse if I let myself feel them. I was certain that my emotions would become like a wildfire, totally out of control.* During this phase the challenge was to help Liz navigate her emotional terrain in a way that would keep her anxiety and panic to a manageable level. I used a variety of body-centered psychotherapy techniques to support Liz in naming what she was feeling, owning it as a valid emotional response, and then releasing that emotion from her system in a safe and gentle way. Liz did not like this part at all, but she did trust me. On some level Liz knew that dealing with the emotional fallout from her surgery was a necessary part of returning to health. Liz showed a great deal of courage and shed a lot of tears on her way to healing this aspect. *It was a really difficult time emotionally for me; I was crying a lot. Doug was very calming and let me know that it was OK to have strong emotions. He helped me to sort out what emotions I was feeling. Doug worked with me to stay out of overwhelm and let a little bit of emotion out at a time. I had been very afraid to let my emotions out because they were so painful and so HUGE. In the beginning a little emotion would leak out and then all my emotions would just burst out all over the place. All of them wanted to pour out at the same time. I'm not sure how exactly Doug did it, but he worked with me to let my emotions out and keep some level of control at the same time. I trusted him so I went with what he said. Doug told me that I would be OK if I allowed my emotions out. He said that part of his job was to help keep them from exploding, from going crazy, and he did exactly that. He helped me come back to myself after really feeling my strong emotions.*

3. Skill building and self care

This aspect of treatment represented an important shift from relying on me to leaning on herself. This transition gradually decreased her reliance on external support, including sessions with me and various medications, and increased her use of internal resources such as visualizations, grounding, movement, and emotional stabilization techniques. Every session we added one more tool to her expanding bag of tricks. Liz enthusiastically embraced these new skills because they

worked. She was able to quickly create positive shifts in her physical and emotional states. *The self-management techniques that Doug taught me really helped. By continuing to explain what I was going through, he gave me insight into what was happening with my body. Doug showed me a wide range of exercises and they helped me so much. I had to do them a lot, but they definitely worked.*

The other thing was that I was totally depleted, absolutely wiped out from the surgery and the anesthesia. The doctors told me that I could go back to work the week after surgery, but there was no way that was even remotely possible. For the first two weeks I couldn't even walk without getting dizzy and weak. I had no idea what I could do to help myself. With Doug's help, I started gradually building my energy back up. Doug helped me with the baby steps of rebuilding. He had me go for a two-minute walk and then increase it to five minutes. Then five minutes twice a day and so on. The doctors weren't telling me anything because they just thought I was anxious. Their solution was to take the medications and wait six to eight weeks for them to take effect.

4. Causal clinical treatments

During that first week I felt like the proverbial little Dutch boy with his finger in a dike. My sole clinical goal was to keep Liz's system from catastrophic collapse. Once she had achieved some degree of stability, I was able to turn my attention to the deeper physiological and energetic layers in her system. The focus here was to address the underlying causal forces that were disrupting her CNS and her energetic systems. Over time we were able to shift her system closer and closer to her normal baselines. After five weeks these baselines were lasting longer and longer between symptomatic episodes. *At the start of each session Doug would ask what I was feeling and what was bothering me most. I'd tell him, he'd work on it, and it would improve. I always got better. It never changed fast enough for me, but I did improve steadily and gradually. Doug's work was very subtle, but I could clearly tell that it was the energy in my body that was unstable. He focused on helping me with that. I don't know exactly how it all worked or what Doug was doing, but I do know that I felt better after each of our sessions and that Doug helped me slowly recover from a very dark place.*

A SAD NOTE: POOR QUALITY OF MEDICAL CARE

In general, I have the highest regard for medical caregivers; so many of them regularly do amazing work. However, one of the most disturbing aspects of Liz's case was her treatment at the hands of her medical practitioners. Liz was very clear and articulate in stating that her anxiety and pain were directly caused by her surgery. *But I felt that something was definitely not right with me. I went into surgery one way and I came out another way, a totally different way. It was like I was a completely different person; something was happening to me and I didn't really know what it was. I felt lost, but I knew that it wasn't just anxiety.* Nevertheless, she had no success convincing numerous doctors of this.

I strongly recommended that she go see her surgeon after two visits to the ER, insomnia, nausea, anxiety, etc. *My surgeon wouldn't give me an office visit; the last time I saw him was the day of the surgery. He called me back and I told him, "Look, I've been to the Emergency Room twice. I don't know what's going on. I can't breathe. I can't sleep. I'm all jittery." As things got worse, I kept calling the surgeon's office and talking to the nurses and asking questions. The surgeon said that he didn't really need to see me since I'd been on the phone with his staff so much. So he prescribed this heavy-duty and addictive anti-anxiety medication over the phone. I really didn't like that. As I thought about it, I decided that I didn't like him and that I didn't really want to go in and see him. The whole distrust thing came up very strongly. I didn't really trust their diagnosis of me. I thought they were just taking the most conventional approach and weren't looking deeply enough into what was going on with me.*

So then my surgeon passed me over to my primary physician. I went to see my doctor and I couldn't talk about my whole surgery and everything without starting to cry. My doctor wanted me to go on an antidepressant and I didn't really want to go on one. He was cautious about the anti-anxiety medication that the surgeon prescribed because it can be very addictive. He wanted to put me on an antidepressant instead and I eventually did because I was such a mess. I was crying all the time; I was so tense and agitated and shaking. He did not see any cause for my state and just prescribed an antidepressant. I kept asking if it was from the anesthesia and he was certain that it would have been out of my system by now. But he had no explanation at all for why this had happened to me or how I could go about turning back into the real Liz.

Four different doctors dismissed her side effects from anesthesia as medically impossible and diagnosed her with anemia, an allergic reaction, an anxiety disorder, or a psychosomatic condition. None considered that there might be a causal link to her recent surgical event even though Liz was extremely clear on that point. The bottom line is that, in this instance, Liz's medical practitioners did not listen to her or serve her needs during an extraordinarily difficult time.

PHASE III: TURNING THE CORNER AND TAKING A BREAK

It was clear to both of us when Liz turned the corner. The chronic exhaustion of the past seven weeks began to recede. As her energetic system began to recover, Liz began to feel more alive. The most significant indicator was that she began to laugh and smile again. The times of peace and normalcy began to lengthen as her emotional and physical struggles diminished. *One day it felt like I turned a corner just a little bit, but then I slipped back. Again it was like two steps forward, one step back, but I do remember starting to feel better. At that point I was able to start smiling and laughing again. That was when I started to believe that I was actually improving. For a long time after my surgery I couldn't laugh.* After a few more sessions it became clear that a break was necessary. Liz needed time to consolidate her gains and enjoy her return to living a normal life.

PHASE IV: CLEANING UP

As of this writing Liz has resumed treatment after a three month break. She is still experiencing some symptoms. *Now I'm a lot better. I've been back to work. Sometimes I still have a hard time focusing. My hands still shake and I get very tense from the inside out. Sometimes I have a hard time talking. None of these problems were there before the surgery and anesthesia.* She is also still using a very mild dose of an anti-depressant medication and would like to stop taking it. Even though she's been enjoying having her life back, Liz has decided to seek additional treatments with me in order to completely return to a healthy state. Giving her willingness to work and learn, I have no doubt that she will have a full recovery.

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