

SUGGESTIONS FOR PRE AND POST SURGICAL EVENTS: (printer-friendly version)

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*God grant me the serenity to accept the things I cannot change
The courage to change the things I can
And the wisdom to know the difference
-Serenity Prayer*

Note to the Reader: These suggestions for pre and post surgical events have been gleaned from the Somatic Experiencing® literature and training along with personal investigation into the surgical experience. These suggestions are meant to augment and support a formal treatment plan developed by your primary healthcare provider and are in no way meant to substitute such a plan. In combination with your treatment plan and healthcare provider, it is recommended that you investigate these suggestions with a certified (SE) **Somatic Experiencing®** Practitioner. *Please be aware, the information contained in this document is provided as a public service with the understanding that Anthony "Twig" Wheeler, the sole author of this document, makes no warranties, either expressed or implied, concerning the accuracy, completeness, reliability, or suitability of the information herein.* (Information about Twig is at the end of the document)

Somatic Experiencing® (SE) is a mind/brain/body healing modality that facilitates recovery from symptoms associated with traumatic and accumulated stress. It was created by Dr. Peter Levine who recognized the innate capacity of the human organism to rebound from various states of distress if properly supported. SE helps to cultivate the systematic use of attention to various nervous system processes, such as the "tracking" of sensation, which liberates the energy bound in symptoms and returns the nervous system to a more self-regulated state. This process has been shown to be effective for recovery and improvement from a wide variety of physical and psychological complaints such as chronic pain, anxiety and panic disorders, PTSD, depression, etc.

It is a safe, short term therapeutic process that utilizes a comprehensive scientific understanding of how the human nervous system is designed to respond to and recover from stress. SE is taught and practiced world wide. Further information can be found at:

www.traumahealing.com

www.hoskinsonconsulting.org , www.liberationispossible.org ,

<http://lelaccarney.com/>

Please also note that these are ideal suggestions. It is not realistic to expect to be able to make all of these recommendations a reality. The main points to remember are the desire and necessity for safety, appropriate orientation toward the threat ("proper planning precludes poor performance") and stabilization of the Inner Vortex (Healing Vortex, deep healing resources)—as much as is possible before and after the surgery. This will help to minimize the challenges implicit in surgical experiences.

Support and Treatment Team Building

Make friends with your surgical team—you are putting your life in their hands, be comfortable with them. Ideally you will meet with and interview the surgeon, discussing the whole procedure, its reasons, process and prognosis. It is a good idea at this time to get a feeling for the surgeon as a person and as a professional. Ask them in a respectful way about their experience, why they do the work they do, and for how long they have done it.

It is even a good idea to ask to look at and hold their hands: after all these are the hands

that will be performing your surgery, you want to trust them. (Most surgeons are immensely proud of their hands and will be proud to show them to you.) You want to become more than a patient number to them; you want them to see you as a person. Making personal contact with your surgeon and hospital team is the best way to do this.

Have an “Advocate” that will be with you while you are in the hospital during the pre and post surgery time—this is someone who is not challenging or activating to you but who can hold your space and appreciate your process, pain, and needs. Your Advocate can be a family member, a spouse, friend or professional. It should be someone you trust,

who stays calm under pressure, and who brings you comfort. If necessary you may need to have many people acting as your Advocate, be sure that they are all aware of your needs as described in this article.

Ideally your Advocate will have some knowledge of the language and jargon used in hospitals—this helps get you better attention, as you’re more in “the club” and can better

understand what the doctor’s are saying. Short of this your Advocate can review some of the relevant information surrounding your treatment options and plan. Searches on the

Internet site Wikipedia are a good place to start for this. (<http://www.wikipedia.org>)

Prior to the Surgery

Prepare for your household needs—to be safe, you should anticipate at least twice as long a recovery time than expected. As much as is possible avoid things that are “activating” or upsetting prior to your surgery, ideally days, even weeks in advanced. Try to take the “easy road.”

When possible work on unresolved symptoms of traumatic stress weeks before your surgery. When approaching the surgery (within two weeks) work toward stabilizing the Inner Vortex (Healing Vortex), stress reduction and relaxation rather than explicit renegotiation.

It is helpful to cultivate an acceptance of altered states. You can play with dream imagery, free association imagining, diving/ flying trance experiences—all of these help develop acceptance of the altered states that will come with the anesthesia and pain

medication during and after your surgery. Hypnosis is particularly good for this. You can do an Internet search on Google for “Free Hypnosis mp3.” You can listen to these and practice “letting go.”)

It is a good idea to go to the hospital and get to know it in the days before your surgery is to happen. You want to be well oriented on the day of your surgery. Ideally you will even go see all the rooms you can that will be included in your hospital stay, such as the hallways, surgery room, recovery room, etc. The more familiar and comfortable you are in the hospital the better. *For children, Peter Levine, has recorded special pre- and post- surgery information for parents in the CD set It Won't Hurt Forever - Child Trauma on CD 2, #s 3 and 4.*

If you are comfortable doing so, ask to be allowed to walk into the surgery room for your surgery rather than being rolled in on the gurney. This can greatly improve your sense of empowerment in the surgical experience rather than being moved while lying on your back looking up at anonymous lights not knowing exactly where you are going.

It is often recommended to have a pre-planned hypnotic audiotape to listen to (**before and**) during (**and after**) surgery. We do not argue against this but suggest that it may not be the most appropriate intervention (**during surgery**) as there is a lot going on during a surgery and perhaps your nervous system doesn't need another thing to track. Also as SE faculty Steven Hoskinson has suggested “You don't know from one state what you'll want in a different state in the future”. Earplugs or sound reducing earphones may be more appropriate.

Anesthesia

Anesthesia—The use of the drug Midazolam is *strongly* discouraged. Midazolam is marketed under various names, most typically “Versed.” It has powerful properties that decrease anxiety, convulsions and muscle tension while at the same time increasing amnesia, hypnotic states and sedation. Sometimes Versed is known as the “forget the surgery” medicine. It is **not** recommended that we try to “forget” the surgery; our goal is to minimize the pain of the surgery while remaining appropriately associated to our experience—not to be unnecessarily dissociated. Because of its amnesiac qualities Versed makes it particularly hard to follow the memory traces of a surgery—these memory traces are helpful for the renegotiation of surgery events using the SE modality. If you are well prepared for the surgery then you can feel comfortable using other anesthesia drugs that do not include Midazolam (Versed).

You can talk with your anesthesiologist about other drugs to use than Versed. If there is resistance from them you can simply say: “I've had a bad reaction in the past when I had dental work done and I do not want it.”

Asking for, *indeed insisting on*, a local anesthesia shot at the site of the incision is

highly recommended. Generalized anesthesia acts globally on the body but does not block the local signal of pain between the body to the brain. The less this pain signal that gets through to the brain the smoother your recovery will be. (An example of a local anesthetic is the Novocain that you receive at the dentist.) Doing this adds a small amount of time to the surgery and goes against accepted wisdom in the surgical professions. Consequently you may really need to convince your doctors THAT YOU WANT THIS! Most doctors do not believe that this helps—Somatic Experiencing® practitioners *strongly* believe it does—insist upon this within the bounds of your rapport/relationship with your doctors.

Giving into the surgical drug experience—the more you can surrender to the entire surgical experience the more things like drugs, pain and activation will move through. Without highly effective modern drugs refined surgery would not be possible. These drugs simulate a “Freeze/Immobility” response state in the body. This is a conservation state that is meant to immobilize you. It is a state where you cannot do very much and it is much better to “go with it” rather than “fight it.” Accepting the feeling of surrender will help you feel less fear and thus help you recover faster. The key words here are “let it go.” Sometimes you can imagine going to one of your favorite safe places just as the drugs are starting to take effect; this will help you “accept” the drugs easier.

After the Surgery

If you are staying in the hospital after surgery bring personal items to decorate your room and make your space more supportive and personal. Hospitals are often very cold and sterile environments. To “soften” your recovery space you can bring blankets (to put over hospital blankets), cards, flowers, drapes on the walls or for over the television, etc...

whatever makes you feel more comfortable when you look at, touch it or hear it.

Ideally your Advocate can be in the “recovery” room with you when you wake up. This is very rarely allowed and he/she will probably have to wait to join you in your personal room—the sooner they are there with you (even if you remain asleep) the better.

A main roll of your Advocate is to keep the sanctity and safety of the space around you while you recover. This often means running interference with hospital staff, including nurses and doctors. The Advocate does not want to get in the way of the doctors and nurses from being able to do their job, but they do want to see if they can “soften” the way hospital staff do their jobs, which are often very hurried and roughly done. A good question for the Advocate to ask is...“is this absolutely necessary at this time?” This is particularly helpful if it can be asked while in the hallway outside your room rather than in front of you and obviously only necessary to ask when it seems appropriate. It is

important

for the Advocate to keep a good working relationship with the hospital staff as well as to gain as much safety and quiet for you, the patient, as is possible.

Coming out of Immobility

At some point the drugs will wear off and you will come out of the Immobility state and start to “wake up.” This will happen slowly, in waves, over time. It is important that this

be as gentle a process as is possible. Having as much quiet and safety around you as you can have is very helpful for this to happen.

This is the most important time for the help of your Advocate. It is a very vulnerable time for you and also a time when the doctors will be coming in to check on you. Unfortunately they often do this quickly and abruptly. Your Advocate should not try to stop them from doing their job but be close by to answer any questions they can and to soften their attention to you whenever possible.

The Advocate should also concentrate on supporting your own timing in emerging from this drugged state. They should not pressure you to wake up but instead “hold space” for you and support you in a kind way to follow your own pace.

It is best if the Advocate understands a bit about Freeze/Immobility and is comfortable with this process, which often moves through another phase sometimes called “Discharge.” This Discharge phase can look like trembling or shaking and is a positive thing for the patient’s nervous system to allow to happen—as long as the movements are not so big that they threaten the sutures/stitches from the surgery. Simple words like “you’re doing fine, you can just let that happen” can help a person allow the discharge process to complete itself.

Doctors and nurses do not always understand the importance of this process and often give drugs to stop it. If at all possible it is best to allow this process to continue uninterrupted without drugs. It will stop on its own if the proper support and allowance is present. The allowance of this Discharge phase is critically important to successfully negotiating this type of stress to the body. Reviewing the chapters on Freeze and Discharge in the book *Waking the Tiger* by Peter Levine may be helpful.

When you, the patient, wakes up, it is good for the Advocate to say something simple

and supportive like “Everything is fine.” If everything is not fine the Advocate can say something like “You’re fine now, we can talk about the rest later.”

After surgery, pampering is recommended— This is a good opportunity to practice with accepting the help of other people and of focusing on pleasure rather than pain. This

includes the taking of pain medication. Take pain medication on a regular interval to keep pain at a minimum. You do not want to rely on the perception of pain to tell you when to take the pain drugs, doing so will reinforce the pain signal in the body with swings of highs and lows and run the risk of developing a pain syndrome. This is one place where “no pain, no gain” is completely wrong. You want to keep the pain signal consistently low.

Ideally you will have a well trained SE therapist join you in your private room around the time of “waking” so the therapist can help you track discharge and coherency —this is of course not always possible and your Advocate can do their best to simply be *the Advocate does not insist upon extra attention or stimulus and will instead put his or her own needs aside while you are recovering.*

Renegotiating Surgery

It is recommend that you get in for SE sessions as soon as you can after your surgery. By its very nature surgery comes with the likelihood of creating incomplete nervous system responses in the body that can lead to unnecessary challenges in the nervous system. Working with a trained SE professional can help alleviate these symptoms and aid the speed of recovery.

-- Help your therapist remember that you don't want to do a lot of Pendulation and movement completion with sutures/ stitches in place.

Focus instead on stabilization of Inner Vortex (Healing Vortex) and coherence.

-- Because of the anesthesia, danger, nature of altered states, etc, surgical experiences can sometimes be very dramatic. Occasionally the experience can be like “crossing over to the other side” or like making encounters with Ultimate Resources. Ideally you will work with a trained SE therapist or other care-giving professional to help integrate these profound experiences into daily life.

-- !Intrinsic to surgical events are the need to complete self-protective responses and emotional issues of loss, fear and potentially of anger. SE sessions are highly recommended to help complete these experiences.

After surgery the body requires sufficient time and allowance for deactivation. Sufficient safety and support (both internally and externally generated) are keys to success with this. Having time, safety, support, and kindness, around you as well as an accepting attitude from within will greatly improve your healing process.

Further Considerations

Human contact in the form of holding hands, light touch, gentle massage and so forth is known to dramatically increase the speed of recovery from stress and pain.

Remember the intention of most staff at the hospital is to help people. Nevertheless the context of the hospital environment strains the capacity for connection between human beings. This is an understandable, yet tragic, reality of the conditions of industrial medicine. For this reason be as prepared as possible for the relatively flat emotional tone and often blatant disregard of surgeons and overworked hospital personnel.

Awareness of this context is important, for care and kindness are not only reasonable requests but also very real needs for humans under stress and pain. For this reason the role of the Advocate to soften the environment as much as is possible for the care and concern of the patient's experience is a key factor in successfully negotiating modern surgery. Furthermore it is important for the patient to understand, as much as is possible, the gravity of the situation—which is to say that you should attempt to accept care from others while attending to your own internal experience. This attention inward with acceptance of help from others rather than attempting to “do it all by myself,” will greatly facilitate your recovery.


Surgery has become a relatively routine practice in modern society and has become relatively safe. Some surgical procedures now have a nearly 100% success rate. However, you should be entirely sure that the procedure you are undergoing is appropriate to the situation and is the best response to a presenting medical condition. If you see the surgery as being an appropriate response to your condition it will be easier for you to accept the limitations and risks of surgery and help you to limit your stress around it. Once the decision is made to go forward with the surgery, whether with short term or long term consideration, surrendering to the experience becomes the best approach—be aware of and reasonably willing to give over some responsibility for the return to life; to the doctors, drugs, hospital environment and the gift of Life. Also be aware that regardless of whether a surgery is elective (freely chosen) or non-elective (chosen due to a medical condition) it can generate the same stress response within the body. Therefore people electing to have surgery should still follow these guidelines as much as possible so as to have a positive experience.

Finally as a comment to help normalize the surgical experience, SE Senior Faculty Steven Hoskinson once asked “Has anyone not had a surgery?”

Warm regards and best wishes for your recovery and well-being – Twig

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Twig has done original research on the historical origins of trauma and applies his findings to his work as an educator and health care practitioner. Twig's background includes advanced studies in the psychophysiology of trauma, mind/brain/body medicine, evolutionary psychology and human ecology. He has been personally mentored by Senior Somatic Experiencing® (SE) faculty Steven Hoskinson and acts as a senior assistant for the Foundation for Human Enrichment providing support for professional trauma treatment trainings in the US and abroad. A central theme of Twig's work is the realization of SE's potential as a force for positive social change. He is dedicated to wholeness and liberation: Yours, others and his own. www.LiberationIsPossible.org (Twig@LiberationIsPossible.org)

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