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More patients opting to stay alert in surgery

By MARTIN MILLER
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To her surgeon, all the hammering, sawing and drilling was just part of another hip replacement surgery. But to Sharon Leef, wide awake on the operating table at Cedars-Sinai Medical Center in Los Angeles several weeks ago, it was another life experience.

"I've climbed the pyramids in Egypt, and I just looked at this as a part of life," said the 50-year-old flight attendant from Huntington Beach, Calif. "I learned a lot about the operating room and I got a chance to see my hip bone, too."

Faced with such a grueling procedure, many patients would prefer not to know the details, let alone watch the action taking place in real time. Not Leef, however, who asked that she be kept awake and alert through four hours of surgery while doctors extracted her worn-out left hip bone and replaced it with a brand-new prosthetic one. She was, of course, anesthetized in the area of the surgery, so she felt no pain.

Leef is one of the estimated tens of thousands of Americans who each year choose to undergo surgery without general anesthesia -- that is, without being "put completely under," according to the American Society of Regional Anesthesia and Pain Medicine, or ASRA, a nonprofit group based in Richmond, Va. Like Leef, these patients are administered regional anesthesia that blocks the pain in the surgical area while leaving them in various states of awareness during the procedure.

Several factors are driving the trend toward more patients forgoing general anesthesia. More people, especially baby boomers, want to participate more fully in their medical care. Improvements in medical technology, such as smaller needles and catheters, are also playing a role, as are the rise in less invasive surgeries and improvements in sedative drugs.

Also, regional anesthesia allows patients to recover more rapidly, improves surgical outcomes and enables patients to be discharged earlier, cutting down on hospital bills.

Although the technology used in regional anesthesia has been around for years -- the most common form, epidurals given to women during childbirth, dates to the early 1970s -- the technique has recently become an increasingly popular choice for patients undergoing increasingly common knee and shoulder repairs.

"We've seen a dramatic increase in demand, especially within the last few years," said Dr. Terese Horlocker, president of the ASRA and professor of anesthesiology at the Mayo Clinic in Rochester, Minn. "It's only going to go up."

To be sure, general anesthesia is still preferred by most patients -- and their doctors -- especially for more complex surgeries.

But regional anesthesia has a host of advantages over general. Regional anesthesia is usually combined with a sedative to help the patient relax. That combination is used to place the patient in various stages of awareness, from fully awake to vaguely aware, with little or no memory of the surgery.

"The sedation is only for patient comfort," said Jonathan Hausman, an anesthesiologist at Cedars-Sinai. "It's not needed for pain. The surgeon could easily operate with only a regional if the patient's nerves can handle it."

General anesthesia often has post-surgical side effects, including nausea, vomiting and prolonged mental fogginess, that regional anesthesia doesn't have. Another advantage of the latter: Because the pain-numbing effects can sometimes last for several days after surgery, physical rehabilitation can start sooner, speeding recovery time.

"I was scared to death, but it wasn't bad," said James Houpt, 54, a Pittsburgh resident who became the first person in the Western Hemisphere three years ago to undergo heart bypass surgery under regional anesthesia. "I remember saying, 'How you doing?' to the doctors and then I was in the twilight zone. I guess I tried to get up from the table and thank them after it was over, but I don't remember that."

Regional anesthesia, however, does have some drawbacks. One is that it requires specialized training, which many anesthesiologists do not have. Also, once injected, the anesthesia can take up to 20 minutes to numb the patient.

"There's definitely a perception that it takes more time," said Hausman, who attributes that perception to doctors being unfamiliar with the technique. But he adds that the delay is only for a few minutes.