Accidental Awareness during General Anaesthesia

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Abstract

Episodes of full awareness with explicit recall are more common than many anaesthetists realise (1 in 600 operations[1,2,3]). Awareness with full recall is usually distressing and associated with acute PTSD reactions[4,22]. But if the incidence is this high, why don't more patients make complaints to anaesthetists? The factors which prevent self-report are discussed. The common reason for failure on the part of anaesthetists to identify intra-operative awareness is the paralyzing effect of muscle relaxants; contrary to traditional belief, autonomic and haemodynamic variables are unreliable indicators of wakefulness[5]. Some studies have made use of the isolated forearm technique[9,15,16] to determine levels of consciousness during GA, which allows communication despite the muscle paralysis. Often patients will demonstrate high levels of intra-operative consciousness but without post-operative explicit recall. This is because many anaesthetic drugs impair the encoding phase of memory. There are some specific aspects of PTSD following AAGA: in addition to flashbacks, there are commonly nightmares relating to awake paralysis, difficulty lying down and insomnia, relationship difficulties and depression[28]. AAGA PTSD patients require individual formulation looking at the role of experience of awake paralysis, cognitive misconceptions and flashback/nightmare content. Treatment involves exposure to key aspects of the AAGA experience, psychoeducation and modification of cognitive misconceptions with rehearsal of more helpful and accurate cognitions[30,31].

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