

Proactive steps help alleviate post-surgery side effects

By Ellen Waldman

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A few years back, my friend's husband had hip replacement surgery. It went great, except that after surgery, he was showing signs of some cognitive changes that were not going away. Most times, this is diagnosed as delirium, which has a sudden onset, lasting hours or days, and causing fluctuations in alertness and cognition. Fortunately, this almost always resolves once the person returns to their familiar environment.

But there's also something else that might be going on. There was a recent article in The Guardian, April 24, 2022 in which, some years ago, a hospital physician had encountered for the first time, "what is now termed postoperative cognitive dysfunction (POCD) – cognitive problems associated with surgery that persist well after the effects of anesthetics have worn off".

Here's some more information from this article.

"Scientists in the 1980s began to look at cases of older patients who had shown a decline in memory and concentration after cardiac surgery, but it has only been more recently that this has become apparent as a risk factor for all over-65s who undergo surgery, especially when under deep sedation. Estimates suggest that the overall incidence of POCD in older patients can be as high as 50-80% at discharge, 20-50% at six weeks and 10-30% at six months post-surgery."

That's a lot of people experiencing lasting effects. Not good news for those who might need any type of surgery, either elective or emergency.

In recent years, POCD has caught the attention of Alzheimer's researchers. They found that people who already have underlying impairments in memory and attention skills are particularly vulnerable to POCD, and it needs to be considered as a risk factor before significant surgery.

What causes POCD remains something of a mystery. Some point the finger at anesthetics. For a long time, it was assumed that anesthesia was very transient, so when it wears off, it's gone. That's probably not totally true. Additionally, many scientists are pinpointing the possibility that these symptoms arise through the body's reaction to surgery itself, and the inflammation in response to the acute tissue damage.

What to do if you need to have surgery is a good question to ask. From the same article: "Some of the latest research suggests that a "pre-rehabilitation" program consisting of simple muscle exercises, nutritional supplements and education to stimulate the mind over a period of six to eight weeks before big operations can have a protective effect."

I asked local doctor, Deborah Gordon, M.D, (founder and medical director of Northwest Wellness and Memory Center, <https://northwestmemorycare.com/>; 541-482-8333) for her input on this. Here are her insights. "In medical training a doctor once told me, "Even if we did no surgery, just put you on the table for an hour and gave you anesthesia, you'd STILL need a month to recover!"

“Wise words. Individual genetic variation determines the blueprint for how well someone is likely to tolerate anesthesia. My general suggestions to someone concerned or at risk for cognitive impairment would be that they spend a month being as healthy as possible before surgery--perhaps adding vitamin C and a good form of glutathione or N-acetyl cysteine to their usual supplements, and continue those after the surgery. Consulting a physician knowledgeable in cognitive health can help both preparation and recovery!”

Another well-known and documented approach is pre-surgical medical hypnotherapy. Locally, you can look for a provider like Rochelle Jaffee online, who has been offering this professionally for many years.

If elective surgery is in your future, see if you have the time and support to put some of these ideas in place. As for my friend’s husband, once he was discharged from the hospital, he went right back to his previously normal cognitive status. Fortunately!