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State of Focused Attention with Exaggerated Acquisition for Appropriate Suggestions for Patients in Cardiac Surgery: From the Editor

Kalp Cerrahisindeki Hastalarda Yüksek Düzeyde Dikkatin Odaklanması Durumu

Absorbing preoccupation of cardiac surgery stress for patients remains the basis of hypnotic efforts in the perioperative setting. Franz A Mesmer proposed hypnotic suggestions usefulness in medicine in 1775.¹ Until 1820, the term of “hypnosis” , *state of focused attention with exaggerated acquisition for appropriate suggestions*, was not adjusted, however, in 1820, Etienne Felix d’Henin de Cuvillers fabricated this term for medical literature.² Implications of this “term” contributed to surgery by Cloquet in mastectomy.³ Subsequent to second world war, hypnosis has been performed as supplementary process for anesthesia.² Moreover, limitations also prevent the development of hypnosis in clinical setting since assessable parameters could not be introduced effectively. Surman et al performed pre- and postoperative hypnosis (n= 20) versus standard care (n= 20) in cardiac surgery patients without significant differences between groups.⁴ Furthermore adverse commentaries of the use of hypnotic sedation having been made with not only by physicians but the patients as well.

Cardiac surgery- candidated patients have divergent perception of pain and anxiety with different control methods as well. Relief of cardiac surgery-related invasive procedure with minimal medication is the desired state for both physician and patients. Comprehending the beneficial effects of hypnosis in cardiac surgery, surgeons might be aware of the hypnotic process and phenomena. As presented by Hartland in 1966, hypnosis may be beneficial in surgical interventions by relaxation and reducing anxiety and drug consumption for analgesia and anaesthesia.⁵ Zimmerman emphasized Dr Scott’s endeavours to minimize pain by the help of hypnotic phenomena in surgery and also pointed out that analgesia was performed easier than anaesthesia.⁶ Zimmerman stated that “It is to be hoped that younger

doctors will not regard hypnosis as some weird, fringe type of medicine, but as a specialty in its own right which requires years of training, reading and studying before one is able to deal with all the many and varied problems that arise”,⁶ I again underlined his statement without changing any word, his review was published in *Journal of the Royal Society of Medicine* in 1980 since then, doubt on hypnosis still exists. However, a recent study on atrial fibrillation reduction following coronary artery bypass surgery requires great attention.⁷ I especially congratulate doctors Novoa and Hammonds for their stimulating study published in *Cleveland Clinic Journal of Medicine*.⁷

I, as being a “young surgeon”, did not regard hypnosis as Zimmerman’s wish and we performed

hypnosis in some our off-pump cardiac surgery cases. Despite conservatism is very common among surgeons, we decided to reduce pain without medications following surgery since our consort group consists elder patients with renal failure and/or hepatic disease. Initially I did not expect painless following surgery, however, patients did not require any analgesic drugs except one who only demanded for his leg, not for sternotomy-performed chest, where vein graft was harvested, since the anaesthetist-dealing with hypnosis- left out patient to focus on legs. We still perform hypnosis in cardiac surgery in particular patients and evaluate the objective inclusion and exclusion criterias with indisputable assessment evidence.

All well that ends well.

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