Surgery and Chinese Medicine

By Nancy Post, MAc, PhD

When I was a child, surgery was a big deal, but eminently less stressful than it is today. Now, major surgery often means enduring a set of disjointed, expensive and often dehumanizing events.

In the modern world, Chinese medicine offers a low-tech, high-benefit complement to high-tech Western medicine; alleviating patient suffering while reducing physical and psychic pain.

But let’s first explore the past. In the "old days," you went to a hospital and would stay for a few days, even for something minor, because they wanted to care for you during your recovery. No one thought of the stages of a hospitalization: pre-admission, procedure and postoperative. The experience was a whole, a gestalt, an event! Everyone assumed your ordeal, your operation and your hospital experience would be managed by your family doctor, who even paid you a visit while you were in recovery. Since your doctor knew the surgeons, you never really needed to meet them. You put your trust in your doctor, who coordinated your care, explained what you needed to know and made you feel secure. We all trusted Marcus Welby, MD. Do I date myself by saying that I even remember getting a house call from an MD when I was a child? Finances weren’t bothersome and people didn’t go into debt to pay for surgery. As long as the doctor said you needed it, insurance paid for it. You trusted your doctor and so did the insurers. No worry. Your only job as a patient was to heal.

Compare this to today. Pre-admission procedures include all sorts of tests, forms, interviews and liability waivers to determine if you’re physically and financially fit for surgery. In some health care systems, this can take days and be redundant and insulting, as you waste countless hours telling the same information to people representing different hospital departments. Once admitted, you enter a queue for an operating room that is tightly scheduled. Since you are probably unconscious, you aren’t aware just how high-tech and expensive these rooms are until you see your insurance bill.

Your surgeon may or may not see you immediately postoperatively, which is fine because surgeons are judged on accuracy, not personality. The good ones are so busy doing procedures that the bulk of their time is focused on body parts that don’t talk. In any case, when they finish their work and you finally wake up, you will soon be flying on morphine or oxycodone and won’t care what they say. These days, if a procedure
is complicated and likely to induce pain, necessitating an overnight stay, you might get a patient-controlled
pump, which lets you push a little button attached to an IV that releases more pain medicine into your veins.
No need to call a nurse - juice up and let the good times roll.

The term operation is a thing of the past. In terms of time, the smallest part of the experience - the surgery -
is now called a "procedure." Taking blood also is a procedure. The same term equally describes a routine act
and a practice that can kill you or keep you alive. Once your procedure is complete, your surgeons probably
disappear, and you won’t see them again until well after you are discharged. Your hospital care is now in the
hands of people you’ve never met, and your family doctor might not even know what happened unless
someone requests your records are sent.

Consequently, the postoperative stage of your surgery experience often is less precise, prescribed and
controlled than the intensely well-managed (and much more profitable) procedure itself. Hospitals focus on
pre-admission and surgery. Postoperative recovery, once in the hands of your primary care doctor, is now in
your hands. Since hospital stays are now much shorter than they used to be to control costs, you are on your
own sooner than later. Nurses try to fill this care gap, realizing that drugged patients and traumatized
families might not know what to do even if they are told, but the U.S. is now struggling with the worst
nursing shortage in history. Predictions show it will continue until even the youngest readers of this column
become old people.

Thus, the difference between surgery then and now is that the patient has gone from being the center player
in a major production designed to support their performance, to a bit player in a formulaic TV serial. It used
to be about you - patient focused. Now it’s about the health care system and the insurance industry.

Enter Chinese medicine - low-tech and entirely personalized. Chinese medical practitioners can be very
useful before, during and after surgery. As both a preventative and curative practice, Chinese medicine
seeks to heal disease states at any level of acuity. With proper treatment using acupuncture and Chinese
pharmacology, many conditions would never make it to the operating room. Prevention can be the best cure
and eliminate the need for some invasive procedures.

There are some conditions that require surgery, in which case, the goal is to minimize discomfort and
maximize healing before, during and after the procedure. Dr. Sun Pei-Lin’s recent book, The Management
of Post-Operative Pain With Acupuncture, lists many advantages to using acupuncture for postoperative
pain: 1
to completely relieve pain, or provide as much relief as possible;
• to improve the ability to deal with pain;
• to control local tissue swelling;
• to shorten the resolution of hematoma;
• to assist emotions;
• to regulate appetite;
• to strengthen energy;
• to minimize the side effects of anesthesia;
• to diminish reliance on painkillers;
• to minimize the use of other medications associated with pain and their side effects; and
• to stimulate the rapid return to functional activities.

Sun supports a team approach when doing postoperative care: "Application of acupuncture does not ignore necessary support from medical help. During acupuncture treatment for postoperative pain, contact and communication with other specialties (e.g., neurologists, neurosurgeons, orthopedic surgeons, internists, radiologists, physical and occupational therapists) should be made in order to support the patient at maximal points of need." ¹

The NIH consensus statement about acupuncture, written in 1997, agrees: "Promising results have emerged, for example, showing efficacy of acupuncture in adult post-operative and chemotherapy nausea and vomiting and in post-operative dental pain." ² At the hospital of the University of Pennsylvania, more than 25 studies are in progress researching the use of acupuncture for all sorts of pain, much of which is surgery related. Duke University Medical Center anesthesiologists combined data from 15 randomized trails to come to the conclusion that using acupuncture before and after surgery produced the best results for patients, who reported lower levels of postoperative pain and significantly reduced the need for painkillers.³

A holistic, patient-centered focus is intrinsic to the practice of Chinese medicine, whether it is performed in an in- or outpatient setting. I know many practitioners of Chinese medicine who, while treating patients through a surgical event, also help patients understand what was happening, how to heal and how to cope with the anxiety, pain and loss of functioning that might accompany surgery. I doubt the acupuncturist looks like Marcus Welby, but they might serve the purpose once held by the family doctor.
So, why isn’t Chinese medicine routinely offered to patients slated for surgery? Tong J. Gan, M.D., professor and vice chairman of the Department of Anesthesiology at Duke University Medical Center, answers that acupuncture is not widely used because people need to be educated.\(^3\) He says few patients decline the use of acupuncture, but when they do, it’s because they have little knowledge of it. Also, their doctors might not know to recommend it. Dr. David Martin, an anesthesiologist from the Mayo Clinic, says acupuncture can be helpful, whether it is to lower the level of morphine or other opioid pain killers, or to relieve nausea.\(^4\)

At a time when the population in the U.S. is aging and baby boomers are entering a phase in life during which hospital use intensifies, it seems obvious that Chinese medicine will be in greater demand to support patients through surgery. Let’s build on Dr. Gan’s insight and educate the public and our medical colleagues. It’s time to renew the low-tech, patient-centered care of our childhoods, while getting even better surgical outcomes that come from the blend of the best of East and West.

**References**