

MIND TO MIND

Creative writing that explores the abstract side of our profession and our lives

Stephen T. Harvey, M.D., Editor

My Personal Tryst with Ketamine Anesthesia

Shvetank Agarwal, M.D., F.A.S.E.

I spent a recent Saturday afternoon in the emergency department for an exceptionally painful thrombosed hemorrhoid. Because the operating rooms were unavailable, the surgeon suggested that he could make the small nick necessary to drain the clot in the emergency department procedure room with an emergency department physician serving as the anesthesia provider. As I was not technically *non per os*, having had water and a few raw carrots, the emergency department team decided to use ketamine for my anesthetic. The unpleasant side effects of ketamine are something I am well acquainted with as I have been a practicing physician anesthesiologist for nearly two decades. I therefore requested that midazolam be administered before the ketamine; however, as I was to learn later, my reasonable request was rejected because of an unreasonable fear of aspiration.

My wife, a physician and meditation teacher, was, thankfully, allowed to be at my bedside. Meditation is an integral part of our daily lives. It has enabled me to be calm and centered even in the midst of chaos. It has empowered me to be more connected to and empathetic with others. My wife played soothing meditation music as the anesthetic was being loaded into the syringe. I was calm and completely trusting of the process. Even so, almost as soon as the drug entered my vein, I felt as if I were being pulled out of my body into a different dimension of existence. My body was swirling around in an endless sea of solid colors, the consistency of a cake batter.

From the Department of Anesthesiology and Perioperative Medicine, Augusta University, Augusta, Georgia. Sagarwal@augusta.edu

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I had crystal-clear consciousness. It was as if I were seeing my body on the gurney from above, or perhaps, from a different dimension. I had no pain, but I knew that the surgeon was doing his job. I could hear the conversations, but they were garbled, sounding somewhat like half a dozen golden retrievers “woofing.” By contrast, the music was perfectly clear, as if I were alone in a small enclosed room.

It seemed as if I were trapped in an endless time-space geometry, desperately wanting to re-enter my body, but being prevented from doing so by the thick layers of colors. I started to panic. After what seemed like an eternity, I felt myself re-entering my body, only to again be pulled into that other dimension. This happened again and again. I was terrified beyond words and kept hoping that it would all stop! My only solace was the soothing music and my wife’s gentle hand stroking my head.

I don’t know if this would qualify as a true out-of-body experience, but it has taught me some important lessons. The first is that consciousness is separate from the body and that I am not the body that I see in the mirror every day. Although scientists are still trying to understand the location of consciousness and to decipher which is primary—consciousness or matter—for me, the body-spirit paradigm became a touch clearer. More importantly, the frightening experience has made me more empathetic toward my patients’ experiences and apprehensions when it comes to “going under.” As the kind touch of my wife and the gentle background music were my only sources of comfort, I am inspired to advocate for speaking kind words and playing gentle soothing music during induction and emergence. Even the nurses later remarked to my wife how calming the music was for them!