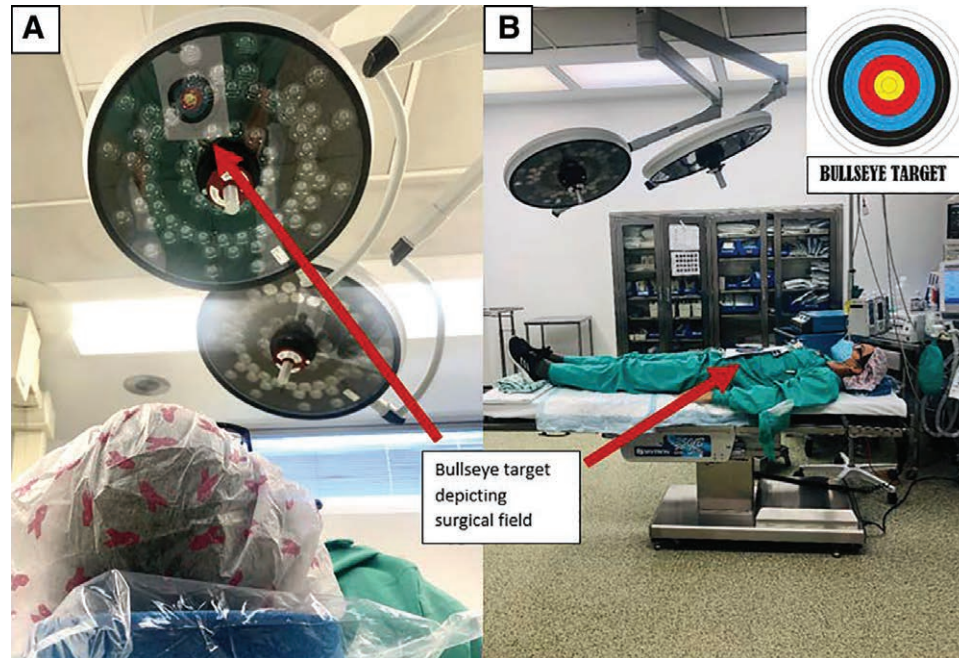


Done with Mirrors?

A Line-of-Sight Problem in the Operating Room

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With increasing numbers of invasive procedures being performed under regional anesthesia and monitored anesthesia care, all causes of fear and anxiety in patients who remain awake in the operating room must be taken into consideration. A significant source of patient anxiety is the possibility of viewing the surgical field. In one American study, 37% of patients reported the specific fear that they would see their surgery.¹ A British study echoed this finding, with 47% of respondents reporting anxiety about “seeing their body cut open.”² Nevertheless, anesthesiologists can misunderstand this common fear; a significant portion of them believed having patients watch their operation was a method to decrease anxiety.³

Images *A* and *B* demonstrate how supine patients having a surgical procedure under neuraxial or regional anesthesia can directly view the incision/surgical field. The highly reflective coating of the operating room lights, coupled with their alignment, allows for this. We have encountered several instances of patients reporting severe distress due to “seeing everything” during Cesarean

section under spinal anesthesia. This unexpected phenomenon is not a problem for those receiving general anesthesia, but operative patients who are awake and/or lightly sedated can experience unwanted, aversive visual imagery, leading to increased anxiety, fear, and possibly other negative psychologic sequelae. Given this, we recommend paying meticulous attention to the juxtaposition of the operative lights, surgical drapes, and patient’s head to avoid unwanted intraoperative visualization(s). Preprocedural counseling of patients to promptly report any aversive stimuli, whether tactile, auditory, or visual, is also prudent.

Competing Interests

The authors declare no competing interests.

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