

A PAINFUL CONDITION

by David Kato PhD

A 56 year old lady with colon cancer referred to me by a Consultant Surgeon came to see me. The surgeon knew that I specialise in depression, also in reducing cancer pain, anxiety, and insomnia with cancer patients. He wanted me to reduce her consistent abdominal pain, which she had experienced for the past 2 months, especially as the pain had been increasing during the past ten days.

The cancer was of the annular type in the sigmoid colon. When I consulted this lady she looked in a slightly shocked condition, pallor, hyperventilating, an increased heart rate. Most patients with cancer of course can look just like this, especially if receiving chemotherapy or radiotherapy treatment.

Pain was widespread over the whole abdominal region. When questioning this lady further, she complained of a referred pain to the corner of her left shoulder, she had not had any bowel actions for some days, although seemed confused about this. I could have course got on with the directive from the surgeon. However, I was not a happy bunny. My instinct was that this lady was having an obstruction.

This is quite rare, but occasionally a stricture or tumour that increases in size can cause a partial or complete obstruction, or faeces above the obstruction could become impacted. It is this that I considered being the problem. I phoned the surgeon, and on this rare occasion got hold of him fairly quickly. I explained I was not happy reducing pain in this patient, and believe that if he examined her, he may palpate an obstruction, although the doctor was not exactly enthralled with this idea.

I was surprised that the surgeon phoned me a few days later to say that after he had examined her later that day, she was taken to theatre where they removed a total obstruction of her colon. A colostomy was utilised and there was a chance of this being reversed later.

Had I continued with the treatment of reducing pain, this lady would more than likely have perforated her intestines, causing infection in the peritoneal cavity, and may have caused total organ failure resulting in her death, probably within a few days. It is of course imperative that a hypnotherapist that uses any technique for reducing pain, knows exactly what he or she is doing, being fully aware of further problems that may be created by the use of hypno-anaesthesia.

The most important person is the client/patient and their safety is paramount.

I believe that the surgeon and his team recognise that we are professionals too.