

Under the Knife and Completely Aware: A Case of Intraoperative Awareness

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Excerpted from “Civil Suit Alleges Lack of Anesthesia Led to Suicide,” The Register-Herald, Beckley, West Virginia, April 6, 2007, by Audrey Stanton, used with permission.

The family of a Raleigh County Baptist minister and coal miner has filed a lawsuit against the anesthesiology business they claim failed to give their father the drugs necessary to render him unconscious.

The plaintiffs, who have sued Raleigh Anesthesia Associates, claim Sherman Sizemore was paralyzed but fully aware of what was occurring for 16 minutes after the first incision of an exploratory laparotomy at Raleigh General Hospital on Jan. 19, 2006. They believe the uncharacteristic behavior Sizemore experienced—such as being afraid of being alone and being buried alive—in the days following the procedure were symptoms of a psychological condition that stemmed from the trauma of his anesthesia awareness and would ultimately result in his suicide.

Raleigh Anesthesia no longer performs services at Raleigh General Hospital.

“One would be hard pressed to imagine a more disturbing scenario than having one’s body cut open while totally awake and alert, but totally helpless to move, scream or alert others to the situation,” says the complaint, filed last month in Raleigh County Circuit Court by Charleston attorney Tony O’Dell on behalf of plaintiffs, Violet Lenoka Graham and Sheila Dickens, co-executrices of Sizemore’s estate.

Raleigh Anesthesia’s attorney, Bill Foster of Charleston, did not return messages seeking comment on the case.

The complaint says Sizemore, executive director of the Freewill Baptist Conference for Raleigh County, underwent the surgery to diagnose the cause of some abdominal pain.

It says Dr. Bruce Cannon, anesthesiologist, and Larry Rupe, a certified registered nurse anesthetist, both working under Raleigh Anesthesia Associates, gave Sizemore paralytic—or neuromuscular—agents which rendered Sizemore unable to move, speak or communicate, but then neglected to provide him inhalational anesthesia—the agent that renders a patient unconscious and unable to experience pain—for 29 minutes after the induction of the exploratory laparotomy.

“Sixteen minutes after the first incision into Mr. Sizemore’s abdomen, the defendant, by and through its agents and/or employees, discovered that they had negligently, carelessly, recklessly and in a clear deviation from the appropriate standard of medical care, failed to turn on the inhalational anesthesia; and therefore, did in fact begin to administer the inhalational anesthesia to Mr. Sizemore,” the complaint reads.

“Following the recognition of their clear error, Dr. Cannon and Larry Rupe, CRNA, also administered to Mr. Sizemore a drug to induce amnesia of the event,” it continues.

No one ever told Sizemore what had happened, the complaint says. Nor did anyone provide medical attention for his psychological injuries. He was never sure if what he thought happened had really happened, and it tormented him.

O'Dell said the issue came to light when a doctor's condolences prompted nurses in Sizemore's family to take a closer look at the medical records.

The complaint says that in the short period following the laparotomy, Sizemore—who had never suffered from any psychological or psychiatric conditions prior to Jan. 19, 2006—became a different person. He was unable to sleep, afraid to be left alone, complained of not being able to breathe, complained of people trying to bury him alive, refused to be around his grandchildren and had nightmares on the rare occasions when he was able to sleep.

The American Association of Nurse Anesthetists has reported that prolonged psychological or psychiatric care is often needed in cases of anesthesia awareness. Also, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), in 2004, issued a "Sentinel Event Alert" on the issue of preventing and managing the impact of anesthesia awareness.



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Family of Sherman Sizemore

Below are examples of questions that the daughters of Sherman Sizemore might be asked during a mediation (preceding a possible civil court case) with the personnel from the hospital, the anesthesia group and the mediator. To prepare for the meeting, the daughters should discuss and record answers to these questions. The family of Sherman Sizemore will also formulate questions to ask the other groups during mediation.

Questions

1. When did you start seeing a change in your father's behavior in relation to the operation?
2. What types of changes did you notice? Any signs of suicidal behavior?
3. Did any of these symptoms match those associated with post intraoperative awareness symptoms as you now are aware?
4. What would it take for your family to gain closure from this tragic incident?

Lead Surgeon/Raleigh General Hospital

Below are examples of questions that the lead surgeon (of this operation) and personnel from the hospital (chief of surgery) might be asked during the mediation (preceding a possible civil court case) with the family of Sherman Sizemore, the anesthesia group and the mediator. To prepare for the meeting, the hospital personnel should discuss and record answers to these questions. The hospital personnel will also formulate questions they want to ask the other groups during mediation.

Questions

1. What type of surgery did Mr. Sizemore undergo?
2. What types of surgeries are performed/have been performed at the hospital that have a high risk of anesthesia awareness/intraoperative awareness (IOA)? Besides this case, is the hospital aware of any other IOA cases?
3. What is the hospital procedure for dealing with IOA?
4. Why didn't the surgical team inform the patient of the events that occurred during the surgery?
5. Is it the hospital's responsibility to provide a Bispectral Index Monitor (BIS) machine?
6. What is the hospital looking to gain by the end of this mediation?

Raleigh Anesthesiologist Associates

Below are examples of questions that the anesthesia group might be asked during a mediation (preceding a possible civil court case) with the family of Sherman Sizemore, the hospital and the mediator. To prepare for the meeting, the anesthesia group members should discuss and record answers to these questions. The anesthesia group should also formulate questions they want to ask the other groups during mediation.

Questions

1. What are the three types of anesthesia that can be administered to a patient? What type of anesthesia was given to Mr. Sizemore? Why?
2. Does this type of surgery typically require muscle relaxers/relaxants to be administered? Was there anything about his surgery that put him at risk of experiencing anesthesia awareness?
3. Is the group familiar with a Bispectral Index Monitor (BIS) machine? What is its function and is it used in any of the surgeries the group administers anesthesia? Did the group ask the hospital for a BIS machine for Mr. Sizemore's surgery?
4. Why didn't the group inform the patient of the IOA events that occurred during surgery?
5. What is your firm looking to gain by the end of this mediation?

Mediator

Your group is representing the mediator to the meeting (agreed upon by all parties). Mediation is private and confidential, and the mediator acts as a neutral third party and facilitates rather than directs the process. Your job is to listen to all parties as they present their views, foster an open dialog between the stakeholders, and assist in the assessment of concerns of all parties in negotiating a settlement. Below are the questions that each of the stakeholders will be considering and discussing before they meet for mediation. In addition, consider responses to the following question that you might use to help guide the other stakeholders through the negotiation process: If Mr. Sizemore were still alive, hypothesize how his experience would have affected the stakeholders if they had learned about his intraoperative awareness. How might they have reacted differently?

Daughters of Sherman Sizemore

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2. What types of changes did you notice? Any signs of suicidal behavior?
3. Did any of these symptoms match those associated with post intraoperative awareness symptoms as you now are aware?
4. What would it take to for your family to gain closure from this tragic incident?

Lead Surgeon/Raleigh General Hospital

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2. What types of surgeries are performed/have been performed at the hospital that have a high risk of anesthesia awareness/intraoperative awareness (IOA)? Besides this case, is the hospital aware of any other IOA cases?
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6. What is the hospital looking to gain by the end of this mediation?

Raleigh Anesthesiologist Associates

1. What are the three types of anesthesia that can be administered to a patient? What type of anesthesia was given to Mr. Sizemore? Why?
2. Does this type of surgery typically require muscle relaxers/relaxants to be administered? Was there anything about his surgery that put him at risk of experiencing anesthesia awareness?
3. Is the group familiar with a Bispectral Index Monitor (BIS) machine? What is its function and is it used in any of the surgeries the group performs? Did the group ask the hospital for a BIS machine for Mr. Sizemore's surgery?
4. Why didn't the group inform the patient of the IOA events that occurred during surgery?
5. What is your firm looking to gain by the end of this mediation?