Getting Over Going Under: What Anesthesia Really Does to the Brain Transcript

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Anesthesia, Delirium, and Dementia Risk

The shocking statistic that kind of knocked my socks off was that when I looked at the research, it was something like, okay, and they play games with the wording, okay, they say delirium.

One out of 10 after the age of 65 will have a bout of delirium that lasts around three months. So basically what we're saying is one out of 10 have a risk of developing dementia within a year of your anesthetic.

If it's cardiac and open heart, it's two out of 10. That's 20% of the people going through open heart surgery will develop dementia in a year after their surgery.

I don't know about you, but that was shocking to me. What if aging isn't about slowing down, but leveling up? I'm Dr. Isaac Jones. This is the Longevity Leaders Podcast.

Welcome everyone to the Longevity Leaders podcast. I'm your host, Dr. Rudy Mueller. And today we have our special guest, Sandy Bargeron. Sandy, give us a little bit of background on, you know, your title and what you've been up to lately and what got you into where you are.

Well, thank you, Rudy, for having me. I am a double-boarded physician assistant, and I'm also a anesthetist, a certified anesthesiologist assistant. Those are different than CRNAs, but similar practice.

And then I have a board certification as a natural medicine doctor, so I am a PhD in that as well. I just didn't want to stop going to school, so I just kept going, but did the long way instead of going to medical schools.

Yeah, yeah. Well, as many letters as you can collect. That's a whole sentence. That's awesome. So I know that one of the things as an anesthesiologist or working with anesthesia, we're looking at the effects of anesthesia long-term and you have a new book that's coming out here shortly if you don't mind.

I love the title. Yeah, the title is Getting Over Going Under, which is self-explanatory. Most people understand when they hear that they're like, Oh, yeah.

Okay. I know what that's about. You know, so I really like that title. Well, you know, one thing I've heard a lot more in the holistic community than in the anesthetic world is that anesthesia is like a mini, it's like a small traumatic brain injury.

And to be really honest, it is kind of a chemical. So, what happens under anesthesia is that it's not that the anesthetic is necessarily the insult that is the thing that has altered your brain.

Instead, it unmasks the vulnerabilities that your brain already has. So, if you know anything about the world today, there are a lot of neurologically vulnerable people.

between the autism community, the aging community, and even in perimenopause. Those are my three big groups of people who I feel have the highest vulnerability when they go through anesthesia.

And so, anesthesia really kind of unmasks that. Now, what does that mean? In the elderly population in anesthesia, we've really studied dementia as it relates to anesthesia.

And there was this big study that came out was a meta-analysis, which has its limitations. And recently it made headlines because it said, oh, there's no link to dementia and anesthesia.

Introducing Sandy Bargeron and Her Background

That goes against everything we see in anesthesia. So, you know, it's laughable. But the thing is, is that that's just dementia that they're looking at there.

That's a very specific set of symptoms that fall into a category that you can make a diagnosis with. There's a whole host of symptoms that people have that don't meet the criteria for the diagnosis of dementia.

That's cognitive dysfunction and life altering. I met a lady last night, that was her whole story, why she's a practitioner. She's had multiple anesthetics and she said they ruined her life because she literally lost all cognitive function for a while.

And that's a story I hear a lot when I mention my story and my book and what I'm doing. They're like, oh, yeah, I felt horrible for years after anesthesia.

Now that's not dementia, but it's life altering. So what was the kind of eye-opening moment for you that really said, oh, you know what? I think there's a little bit more to uncover here with anesthesia and its effects on a person.

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That's a great question. So I fell into holistic health because my son, who is now 14 and he's thriving, he was six at the time. He started having weird neurologic symptoms and he's number three.

So number one and two had the blessings or curses of my medical training. So they had all the medications and they had all the things and both of them had all kinds of problems.

The oldest at ADHD was medicated at four. The second had pandas, which I didn't diagnose until after my training. I didn't understand what was going on with him.

The third one, because of the oldest being on like, you know, stimulants since he was four, I was determined not to do that. So, I resorted to kind of researching and ended up changing his diet.

His ADHD symptoms improved, but his joint pain and his systemic pain started to be more obvious. And that was at six. Now, this is a robust kid who wants to play outside and he's complaining of muscle and joint pain when he comes back.

Why Anesthesia Became a Personal Mission

I mean, debilitating when I'm laying on the couch. This is not what the kid wanted to do. He wanted to play. And so, I started to go, okay, well, what else is going on?

And interestingly enough, in the timeline, now looking back, and after my research of anesthesia, I realized there was an event where it really got worse, and that was when he went under anesthesia.

So, he was already feeling kind of bad, and then he did like most six, seven-year-olds do, and decided to try out what the taste of a quarter was, stuck it in his mouth, and he got stuck in his esophagus.

He had like a eight minute anesthetic, but when he woke up, his immune system was shot. And it was after that, he just really, he really spiraled. He'd be on the couch most days.

And so we ended up with a environmental naturopathic doctor who diagnosed him with mold and Lyme. And then we attempted to treat it. Now, if anybody in the Lyme community understands what I'm talking about, that, you know, he We went to that doctor who wasn't a Lyme specialist and he attempted to help and made things worse.

So we were living in Georgia, Florida now, right? It's very moldy. I couldn't get on top of his immune system. So we ended up moving to Colorado in the middle of the pandemic and couldn't find a practitioner.

So I ended up going back and doing my research, right? So, I ended up doing my research helping my son navigate lime and he's now great. He's fencing and playing and amazing.

He's doing great. He literally grew two feet. I swear it was two feet after he got better. It was insane. But in the midst of all that, I was in the operating room.

I walked in one day and I saw, I opened the patient's chart. She had cancer and I was doing her anesthetic for cancer. And I opened the chart and I saw a genetic mutation assist that we often look for in holistic health, you know, the methylation dysfunction.

It was a methylation gene, but it was listed in her, like, diagnosis. And I thought that was weird. And so I was like, okay, I know they test this in cancer, but why is it in her diagnosis?

So I asked her about it and I asked her about her anesthesia experience. She hadn't had any issues. But I had this like crisis of conscience because I was like, okay, I know how bad this is for how well they're going to navigate toxic burdens and things like that.

I'm just going to today I'm going to change her anesthesia. So, you know, the team and I talked about it and I altered her anesthetic for the day, which made me feel good, made her feel good.

But ultimately, you know, if anybody's gone through cancer, it's multiple surgeries, multiple toxic events, chemo, all of it. So I don't know how much it impacted in the long run, but it triggered me doing the research because then I was like, Are we even talking about this in anesthesia?

Like, these cancer patients, they have all these hits. Do we need to do anything? Like, is there some research? And sure enough, in the anesthesia world, I did the research and there was discussion about, like, should we alter the anesthetic?

Should we do something different? There's discussion, but there's not, like, recommendations because every anesthetic Every anesthesia provider thinks that their way is the best way.

And it is the best way for safety, because ultimately in anesthesia, what we're trying to achieve is keep somebody safe and alive through a very uneat…

It's like flying an airplane. Like, you're going to hit turbulence. It could be really bad. You could lose an engine. Like, you want to live through your surgery.

So, we're very good at that. And also, we don't want you awake in all those things. Those are our primary goals. You know, the secondary holistic mindset is just there are some people who have that mindset, but it's not the priority.

Priorities get you through safely. So my review of that, I took inventory of all that and I went, It wouldn't be fair to my colleagues to go over here and tell the whole public, you know, tell your doctor to do anesthesia this way.

That's not what we're trying to do. That's not fair to the anesthesia provider. It's not fair to the patient because then, honestly, if your anesthesia provider is not happy with the plan and he's not comfortable with it, he's not going to do as well, right?

I was like, what can I do to advocate for these patients? And so that's what led me down the road of writing the book. So long story, long back story.

Yeah, but those are big milestones for you to be able to come to this realization. And I think, you know, if I would liken it to another thing in the medical industry, that the problem is we give antibiotics, and the antibiotics are necessary, you know, most of the time.

They're going to save a life. They're going to help improve a person's quality of life in that given moment. But do we talk about probiotics? And I think we're starting to see more of that in the traditional medical system, or even with medications, you know, taking a metformin.

And does it cause a nutrient depletion? So now we're just saying, okay, yes, anesthesia is an important piece, especially if you need that surgery. So really what it comes down to is, but realize that it's going to have some sort of an effect on the body, on your system.

And so I'm curious, you mentioned, you know, obviously cognitive Are there any particular signs or symptoms for a person that's listening, whether they're thinking of a patient or a client that's gone through anesthesia or they themselves have gone through it?

Anything that would say, you know, this is an important piece maybe in my timeline.

Who Is Most Vulnerable After Anesthesia

Any other symptoms there besides? So yeah, so great question. So I would say the shocking statistic that kind of knocked my socks off, and then I'll answer your question more directly, was that when I looked at the research, it was something like, okay, and they play games with the wording, okay, they say delirium.

One out of 10 after the age of 65 will have a bout of delirium that lasts around three months. What does delirium do? And if we take the next step, delirium is associated with increased risk of dementia.

So, okay, so basically what we're saying is one out of 10 have a risk of developing dementia within a year of your anesthetic. If it's cardiac and open heart, it's 2 out of 10. That's 20% of the people going through open heart surgery will develop dementia in a year after their surgery.

That's, I don't know about you, but that was shocking to me. And honestly, then I looked back and I thought about my mother-in-law. And she was a vibrant, having some brain fog, having some, you know, she called them brain farts, you know, 62 years old.

And then her sister had a cardiac event. And my father-in-law, who was an orthopedic surgeon, older guy, okay, was like, oh, well, we have to do stents and we have to go check your, you know, we have to make sure you're okay.

Sure enough, they do a cath. She's got like multiple blockages. They put her through bypass surgery and she was never the same. She died at 89 of dementia.

So it's very personal to me because I now looking back with this with the information I just gained in the last few years because of the patient who had cancer.

I went, oh my gosh, this has touched me in every way, you know, so it's a big deal. And then those are the obvious ones. I would say that women are at a higher risk than men because of the impacts of the loss of estrogen on the brain and the loss of volume that we have in our brain.

We're just naturally a little bit more vulnerable to the impacts of anesthesia than men are. And then you have the autism community, the neurodivergent community.

I have heard this more than I can count and it is well understood in the autism community that when a child who has autism undergoes anesthesia, they always experience regression.

I remember I was trying to get some funding because I'm also trying to create a product to target the anesthetic and clear it. And I was talking to the bank, the loan officer at the bank, I guess, whoever that person is.

And she says, my son has autism. I want to know about your book and I want this product. And I was like, she says, every time he goes in, I swear he's regressed two years in the last few anesthetics he had.

So I was just like, I hear this more than you can imagine. And then those are the two biggies. And then the shocking one is, you know, that perimenopausal woman progesterone has declined.

We don't detox as well. We still have our estrogen, but it's going all over the place. And so we're already developing some brain fog. We're already developing some fatigue.

And then we get a major toxic event like anesthesia. It's not just the toxins, it's the stress. It's a hugely stressful event. I tell people it's not just the chemistry.

If we're thinking holistically, we're thinking mind, body, and spirit. Okay, well under anesthesia, we literally turn off consciousness, but your body's still perceiving stress.

So though you don't know that you were having your appendix cut out, your body knows it. And then when you wake back and bring that cognitive function back online, now the body has to do this integration process of connecting what the body experienced with the mind.

And sometimes it's easy and smooth and sometimes not so much. Think about your TBI patients, your PTSD patients, they already have this fragmentation that's happened.

They really struggle with that reintegration and that can last for a while. And I honestly think that has a little bit to do with that medical PTSD people develop.

So sorry I didn't quite answer your question. Good question very directly, but you gave me a standpoint. I think what I'm getting from it is that, you know, when we're talking about anesthesia, it makes complete sense that you're dealing, its main effect is to shut down the neurological system from being able to perceive pain and put you out, right?

So it makes complete sense that it's going to affect your neurological system. And then really, what I'm hearing you say is that it's not necessarily the sole cause, but it is a contributing factor that we need to be paying attention to.

And then for people that are having symptoms after anesthesia, they tend to lean towards neurological issues, fatigue, delirium, et cetera, depending on age, right?

Some people, definitely the heavily, the people who have significant methylation dysfunctions. Those people, I have one client who I've seen for a while, who I ended up doing her anesthesia because she had to have a surgery.

And I mean, I knew all her risks. It was like, geez, like every anesthetic she ever had, she was re-hospitalized for nausea and vomiting like severe. Well, she had like all kinds of methylation problems, all kinds.

And so, you know, I knew that going into her surgery and I had her very well prepared and I did her anesthesia. So I know I did a lot of things that were very targeted and keeping all that in mind.

And even with that, she still had pretty significant nausea, but not wasn't rehospitalized. So that was a big one for me. Like she didn't actually have to come back to the hospital for throwing up and things like that.

And surprisingly, I mean, honestly, given her vulnerabilities, she had a lot of them.

Screening, Tracking, and Recovery Tools

She had Lyme for 15 years. So her nervous system was a disaster. She actually navigated it pretty well. I mean, considering, I mean, I did both her anesthesia and her holistic preparation.

So it's kind of a unique situation. So it's really understanding the terrain as well, and then obviously the genetic predispositions around methylation.

Correct. And that's due to the detoxification. Correct. And then also, are your hormones in balance? Right, yeah, of course. Just as a factor of detoxification as well.

So she also was peri-menopausal. So she was like the worst of the worst of the worst possibilities, like Lyme, methylation problems, peri-menopausal. I mean, we had, you know, supported our hormones and started to bring them online before going into surgery, but it was a complex situation and a very good experience to be able to do both sides of the thing, a very unique opportunity for me.

So, I mean, naturally this brings me to a question of, okay, as a practitioner, are there screening tools that are current that can be utilized pre and post anesthesia to see the effects?

So, that would be my first question. And then my second question is, okay, we've gone through anesthesia, we're having symptoms. What's the path to getting recovered and clearing those particular toxins?

Such a great question. So actually, it was in writing my book that I went, I had to do so much research and look at all the literature. I had to be very, very careful to make sure I was being honest with the literature and then also being honest with what patients experience because they don't always match.

And what I noticed, especially like that recent meta-analysis that said, oh, there's no connection between anesthesia and dementia, that anybody whose mom I mean, you just scroll through Dr.

Love's TikTok on that subject and you'll be like, yes, my mom died of dementia, yes, right after surgery, yes. I mean, there's so many people. It's obviously impacting people's bodies, so it's a lie.

But going through that research, I realized in the studies, the limitations was this. When they went and looked at whether there's a relationship between anesthesia and dementia, what they did was they looked backwards.

A lot of times they took these patients who they knew had surgery, they knew they had the label of dementia, meaning an ICD-9 code that met all these criteria, and then they looked backwards and they went, okay, did they have anesthesia?

Okay, cool. But then they also didn't define what kind of anesthesia, which is another variable that's ridiculous. only a few, only a handful of studies would actually control for, let's do a preoperative cognitive assessment based on standardized cognitive assessments.

Like a MOCA? Like a MOCA, yeah. And that's pretty much the standard was the MOCA. Yeah, which is poor. Exactly. Exactly. So they would do that and then they would take them through anesthesia and then track them for a while and see, okay, so there are very few studies that did that.

And that made me go light bulb. Well, what if we actually let people have a tool where they can assess their own cognitive function and track it on their own?

It's not going to be something we're going to integrate into anesthesia or preoperative testing. I mean, we can barely get a cardiologist to properly clear a patient.

So, you know, we don't need to add another layer of stress. So I was like, okay, I'm going to create the tool. So I did. I can't believe I said I sat there and I worked with a coding generating thing to create a neurocognitive assessment that took in Mocha and a couple other tools and integrated into a online platform, which does have limitations.

You know, if my sister's a neuropsychologist, she would go, you can't really assess somebody online. And she's correct. The goal is to have a screening tool to track, you know, it's not going to be perfect.

But it weighs their results from that exam against the anesthetic type, the gender, and their preexisting conditions, and it gives them a score. And the goal is to – that's online, so that's going to be available.

When the book comes out, all those resources will be available. You can assess your own score. And then afterwards, the goal is to track it. So at certain intervals, maybe one week, one month, three months, and six months, you track your own neurocognitive score.

And did it go down? Did it go back up? You know, those type of things. And the goal for that is, one, it's an empowerment to the patient. It's validating.

A lot of them, like, they feel like they've lost their mind. But when you've lost your mind, like, the world isn't right. You're perceiving the world incorrectly, right?

So it's an empowerment tool. But for me, ultimately, as a practitioner, I want to also fill in that gap where the studies are poor. Like, we don't actually have objective measurements pre and post.

So that will provide some of that research. piece for us. So that's one. And then the anesthesia, the actual medications are not like other toxins, okay?

They're halides. So they don't interact with the body the same. You don't chelate them the same. You don't detox them the same. Everybody likes to tell me that, oh, no, they're excreted.

I'm like, no, they're not. They're not excreted. They like to hang out in the fat-loving areas of the body, so the bone marrow. I mean, low grade, it's not like it's saturating the bone marrow to the point of suppressing its function or anything like that.

But if fat cells and bone marrow kind of hangs out there, especially if there are situations like low iodine where the body can't move those things out, so it'll hang out there.

And so my goal was to create a product that's targeted. toward anesthetic clearance. And what I mean by that is the gaseous halides. Okay, the older anesthetics contained bromine, chlorine, and fluorine.

The current anesthetics contain bromine, I'm sorry, chlorine and fluorine. So, we're talking about fluoride gases. So, heavy, high-dose fluoride gases.

Detox, Iodine, and Book Launch

So, the goal was to create a product that targets that. And I did formulate it. R&D right now. So I've got a lot of things coming out. So I mean, the product, obviously iodine is in that same category.

So it would help with the detoxification, correct? Am I thinking wrong with that? Soon you're thinking wrong. If you look at the periodic table, and since I'm talking to doctors, I'll say that, you know, if you look at the periodic chart, you got, you got, let's see, it goes iodine at the bottom, then it's bromine, chlorine, and fluorine.

if you go upward on that column of the periodic table, that goes up in reactivity. So that means the fluorine is the highest reactive and it's going to displace everything below it, right?

Chlorine is going to displace everything below it and so forth. You get the point. So if you have low iodine already and you introduce fluorine, fluoride toothpaste, whatever, it's going to displace whatever iodine you do have, which is…

What do you think causes Hashimoto's? So, you know, is that a component? Yes, absolutely. Is brominated bromine in our bread a problem? Yes. That's for the same reason.

Now, do we just give iodine? That's the question I get a lot. That's a question I get a lot from people. They're like, oh, so I just need to give iodine.

I'm like, have you looked at your population recently? That's not a great idea. Now, I do recommend it in my book, and I recommend it with a caveat of, I know, everybody says iodine's going to cause Hashimoto's.

It's not. It's not the cause of your Hashimoto's. If you do have Hashimoto's or autoimmune thyroiditis or something like that, you're going to need to have care and be careful with iodine.

That's why it's not in my product. I will have an iodine boost product that contains some iodine natural sources, but it's not in the standard detox product because I don't want interaction.

Sure, that makes complete sense. So when is the actual official launch of the book and where can we pick it up? Great question. It is launching first quarter 2026, and I'm sorry to be vague, but that's what my editors have told me, first quarter 2026. It's an editing, and because it's so heavily cited, the book is so heavily cited, it has to go through a lot of edits just to be scientifically So getting over.

Getting over, going under. Going under. Love it. The first guide on holistic anesthesia. Awesome. Well, thank you so much, Sandy. I appreciate your time and all of the work that you're doing.

I can see that, you know, anesthesia is a major, is an insult. And if a person has the wrong terrain or, you know, phenotype that could potentially worsen their condition, how what you're doing is really going to open eyes to not only the patients, but the practitioners that are seeing it every day.

So I appreciate all of your work. Thank you. Thank you. Thanks for having me. Let me talk about the thing I love. Thanks for listening to the Longevity Leaders podcast.

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Until next time, stay strong and live long.