

## Laying it all out on the Table: A Case Report

Chelsey M. Schartz, MS-4<sup>1</sup>, Megan L. Folsom, M.D.<sup>2</sup>

<sup>1</sup>The University of Kansas School of Medicine-Wichita,  
Wichita, Kansas

<sup>2</sup>The University of Kansas School of Medicine-Kansas City,  
Kansas City, Kansas

Department of Anesthesiology

Received Jun. 8, 2025; Accepted for publication Aug. 8, 2025; Published online Aug. 15, 2025  
Kans J Med 2025 Jul-Aug; 18:97-98. <https://doi.org/10.17161/kjm.voll8.24069>

### INTRODUCTION

Propofol, a gamma-aminobutyric acid (GABA) receptor agonist and N-methyl-D-aspartate (NMDA) receptor antagonist, is a potent, dose-dependent hypnotic commonly used for the induction and maintenance of anesthesia.<sup>1</sup> It is favored for its safety profile; however, its most frequent complication is hypotension, particularly in volume-depleted patients. Less common complications include hypertriglyceridemia, pancreatitis, and bronchospasm.<sup>1,2</sup>

Propofol-related infusion syndrome (PRIS) is a rare but potentially fatal complication. It is typically associated with prolonged administration, more than 48 hours, or high doses (>4 mg/kg/hour) in mechanically ventilated patients. PRIS can lead to severe organ dysfunction, including metabolic and lactic acidosis, cardiovascular collapse, acute kidney injury, rhabdomyolysis, and hyperkalemia.<sup>3</sup>

A more benign but still distressing complication is propofol-induced hypersexuality, sometimes accompanied by sexual hallucinations.<sup>2</sup> Hallucinations, defined by the American Psychiatric Association as “perception-like experiences that occur without an external stimulus...vivid and clear, with the full force and impact of normal perceptions,” commonly occur during the transition into or out of sleep.<sup>3,4</sup>

A systematic review on hallucinations and sexual fantasies under hypnotic sedatives found that higher doses were correlated with an increased risk of hallucinations.<sup>5</sup> Additionally, a case-control study showed that men were more likely than women to report vivid and meaningful dreams while under sedation ( $p < 0.01$ ).<sup>6</sup>

### CASE REPORT

We describe the case of a 74-year-old male who underwent direct laryngoscopy with left-sided biopsy and cervical lymphadenectomy for squamous cell carcinoma of the head and neck. He was classified as ASA II according to the American Society of Anesthesiologists (ASA) Physical Status Classification System, which assesses comorbidities and perioperative risk (ranging from ASA I: healthy patient, to ASA VI: brain-dead patient undergoing organ donation).<sup>7</sup>

General anesthesia was induced with endotracheal intubation using intravenous fentanyl (100 mcg), lidocaine 2% (80 mg), propofol (150 mg), and succinylcholine (100 mg). No urinary catheter was placed. The surgery proceeded without complication, and the patient was transferred to the Post-Anesthesia Care Unit (PACU) for recovery.

While in the PACU, the patient expressed concern about possible inappropriate sexual contact during anesthesia, reporting ejaculation without any physical evidence. He declined a physical examination. The attending anesthesiologist discussed the potential for altered

perceptions and hallucinations as side effects of anesthesia. A report was filed with the local police department per hospital risk management protocol. Health care professionals present during the procedure, four to five staff, were interviewed and denied any misconduct; no evidence supported the patient's claims.

The following morning, the patient expressed remorse and read a written apology to his surgeon. The remainder of his hospital course was uneventful, and he was discharged home with follow-up arranged in the outpatient clinic.

### DISCUSSION

Sexual hallucinations during or after anesthesia can result in allegations of sexual assault or misconduct. For health care professionals, understanding how to recognize and navigate such situations is important both to protect patient well-being and to safeguard professional integrity. Although hypersexuality associated with propofol is rare, there is limited literature addressing how to manage these experiences.

A critical review of studies examining hallucinations under sedative agents suggests that innocuous, procedure-related stimuli, combined with central nervous system depression, may contribute to the occurrence of hallucinations.<sup>2</sup> In this case, the patient underwent a procedure above the waist without urinary catheter placement. It is possible that surgical or anesthetic equipment placement on the torso created tactile stimuli that contributed to the perceived hallucination. Notably, prior reports have documented that the rhythmic inflation of a blood pressure cuff during sedation has led to similar misperceptions, including accusations of inappropriate genital contact.<sup>8</sup>

Given these risks, it is important to educate patients on the potential for hallucinations related to anesthesia and to minimize placing instruments or equipment directly on the patient's body when unnecessary. While these precautions cannot eliminate the risk entirely, they may help reduce the likelihood of misinterpreted sensations.

### CONCLUSIONS

Although rare, propofol-induced sexual hallucinations can be distressing for patients and carry serious implications for health care professionals. Avoiding the use of the patient's body as a surface for equipment placement and providing preoperative education about potential perceptual side effects may help mitigate these events and their consequences.

### REFERENCES

- Marik PE. Propofol: Therapeutic indications and side-effects. *Curr Pharm Des* 2004; 10(29):3639-3649. PMID: 15579060.
- Orchard A, Heidari E. Sexual hallucinations during conscious sedation for dentistry - An update of the phenomenon. *Br Dent J* 2021. PMID: 34552212.
- Singh A, Anjankar AP. Propofol-related infusion syndrome: A clinical review. *Cureus* 2022; 14(10):e30383. PMID: 36407194.
- American Psychiatric Association. *DSM-5 Diagnostic and Statistical Manual of Mental Disorders*. 5th ed. United States: Arlington VA, 2013.
- White M, White CM. The impact of sedative hypnotic drugs on hallucinated sexual assault or sexual fantasies involving health professionals: A systematic review. *J Clin Pharmacol* 2023; 63(7):759-768. PMID: 36895011.

<sup>6</sup> Chaudhury S. Hallucinations: Clinical aspects and management. *Ind Psychiatry J* 2010; 19(1):5-12. PMID: 21694785.

<sup>7</sup> Xu G, Liu X, Sheng Q, Yu F, Wang K. Sex differences in dreaming during short propofol sedation for upper gastrointestinal endoscopy. *NeuroReport* 2013; 24(14):797-802. DOI: 10.1097/WNR.0b013e3283644b66.

<sup>8</sup> Hendrix JM, Garmon EH. American Society of Anesthesiologists Physical Status Classification System. 2025 Feb 11. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan-. PMID: 28722969.

<sup>9</sup> Balasubramaniam B, Park GR. Sexual hallucinations during and after sedation and anaesthesia. *Anaesthesia* 2003; 58(6):549-553. PMID: 12846619.

*Keywords: propofol, hallucinations, general anesthesia, risk management, sexual harassment*