Help Your Patients Stop Smoking for Surgery

About 75 percent of smokers want to quit, and most have tried several times. But nicotine is as addictive as heroin and cocaine. That’s why, despite the advice and concern of doctors and loved ones, many people are not able to stop smoking. Surgery provides a new opportunity to kick the habit for good: Not only does stopping smoking before surgery improve outcomes, but patients won’t be able to smoke in the hospital or medical facility after surgery, giving them a head start. As a physician anesthesiologist, you’re in an ideal position to help patients who smoke understand the importance of quitting before surgery, and the benefits of staying away from tobacco afterward.
The Importance of Kicking the Habit Before Surgery

Most smokers are aware of the general health hazards of smoking and don’t want a sermon. But they probably do want information about making their surgery as safe as possible. They likely don’t know about the additional risks smoking adds to surgery. The preoperative anesthesiology consultation provides the chance to educate and encourage patients. You can explain that, as a physician anesthesiologist, you are a heart and lung specialist who closely monitors anesthesia and vital body functions during surgery. You’ve seen firsthand the heavy toll smoking can take on the body, making surgery much riskier.

Let them know the dangers of smoking, including an increased risk of:
- anesthesia-related breathing and lung problems during surgery
- needing a ventilator to help breathe after surgery
- wound infections
- pneumonia
- heart attack

Explain to patients that their bodies start healing as soon as they quit. Within 12 hours, the heart and lungs start working better, and the levels of nicotine and carbon monoxide immediately begin dropping, improving blood flow and helping patients get through surgery safely, as well as heal quickly. Emphasize that they should try to quit as soon as possible before surgery – a week or more in advance – but even quitting the day before helps. In other words, at the very least, patients should abstain from smoking the night before surgery, just as they are directed to not eat.

Encourage Patients to Stop Smoking For Good

Note that quitting smoking before surgery is a great first step on the path to kicking the habit for good. Point out that smoking won’t be allowed during the time spent in the outpatient surgery center or hospital, providing the perfect opportunity to keep it going. And surgery is a great time to reassess health. One study found 45 percent of patients who quit smoking before coronary bypass surgery and nearly 80 percent who quit before lung cancer surgery remained non-smokers one year later. In other words, if other long-time smokers have been able to stop for good – they can, too. Most people need help, so refer patients to a stop-smoking program. For example, suggest calling 1-800-QUIT-NOW (1-800-784-8669), a free, confidential and effective counseling service. A patient who calls will be connected with a trained counselor, who will determine the best methods to help that patient quit. This will be accomplished through a series of phone sessions, the first lasting about 45 minutes, the others about 10-15 minutes each. Most people find four or five calls are enough. Depending on your patient’s needs, the counselor can arrange to send medications, including nicotine patches, gum and lozenges, as well as provide advice on medications available without a prescription at a local drug store. Your patient can call the toll-free number anytime to start the journey to become smoke free.

American Society of Anesthesiologists®

The American Society of Anesthesiologists is committed to ensuring patients are as healthy as possible when undergoing surgery and providing physician anesthesiologists the tools to help their patients quit smoking. For more information and tools to help your patients kick the habit, visit http://www.asahq.org/resources/clinical-information/asa-stop-smoking-initiative

Explain the benefits of quitting smoking

- Lowers risk of anesthesia-related problems during and after surgery
- Helps them heal faster
- Adds at least six to eight years to their lives
- Reduces risk of lung cancer and heart disease
- Saves an average of $1,400 a year
- Reduces loved ones’ exposure to second-hand smoke

During preoperative consultation:

- Ask if the patient smokes
- Advise the patient to quit
- Refer the patient to a stop-smoking program