



For more information on available tools that will help your patients to quit smoking before surgery and beyond, visit the ASA Web site at www.asahq.org/stopsmoking/provider

AMERICAN SOCIETY OF ANESTHESIOLOGISTS

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Why should I recommend that my patients quit smoking for surgery?

Reason 1: Smokers are at increased risk for perioperative respiratory, cardiac, and wound-related complications; quitting smoking may reduce the risk of complications.

- For example, abstinence from cigarettes decreases the incidence of wound infections and decreases the frequency of intraoperative myocardial ischemia in patients with coronary artery disease.
- Even brief preoperative abstinence (12 hours, “fasting” from smoking the night before surgery) may be helpful by reducing the levels of nicotine, carbon monoxide, and other smoke constituents. The half-life of most of these compounds is such that levels are very low after this period of abstinence.
- Several weeks of abstinence may be necessary for maximum benefit, so the sooner that patients can quit, the better. However, shorter periods of preoperative abstinence do not increase the risk of pulmonary or other complications.

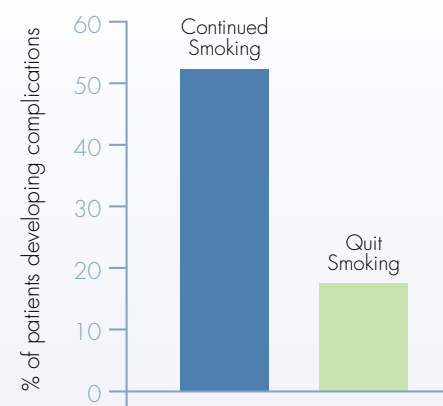
Reason 2: The perioperative period is a great time for smokers to quit for good.

- Surgery is a “teachable moment” to help smokers quit – undergoing a major surgical procedure will at least double the chances of successful quitting.
- About 75% of smokers want to quit, and most have already made multiple attempts.
- Smokers will need to abstain while they are in the hospital, so the question is not whether they will quit, but for how long.
- The average smoker will add 6-8 years to their life if they quit.
- Recent studies show that quitting smoking around the time of surgery does not increase stress levels and only rarely produces nicotine withdrawal symptoms.

Reason 3: Anesthesiologists can and should make a difference.

- This is a great opportunity to demonstrate that anesthesiologists care about the health of their patients, and to have a lasting impact on their lives.
- Studies show that patients want information about how smoking affects their surgery and anesthesia.
- Even brief advice by physicians to quit smoking increases the chance of success.
- Reimbursement from Medicare is available for brief tobacco interventions.
- You can now quickly and easily refer your patients to free, convenient, effective resources such as telephone Tobacco Quitlines that are available to help them.

Smokers who quit before orthopedic surgery experience a dramatic decrease in the overall rate of complications after surgery, mainly caused by a decrease in the rate of wound infections.



Moller et al, Lancet 359:114, 2002

Ask Advise Refer

What are Tobacco Quitlines (1-800-QUIT-NOW)?

- All Americans have access to free quitlines accessed by a single toll-free number.
- Quitlines are staffed by trained specialists with at least a bachelor's degree in a counseling-related field.
- When smokers first contact a quitline, they either talk with the specialist immediately, or schedule a later time to talk with the specialist. The first session with the specialist includes an initial assessment, covering items such as the smoker's history of tobacco use, prior quit attempts, smoking by other household members, and others. A quit date for stopping smoking is usually negotiated as a part of this session with motivational conversation, tips and advice provided by the counselor. The first session with the specialist lasts about 45 minutes.
- Subsequent sessions with the specialist are scheduled according to the needs and convenience of the smoker during the hours of quitline operation, typically from 7 a.m. to 10 p.m. The specialist calls proactively, so that the smoker need not take the initiative. Topics pertinent to the smoker's individual circumstances are addressed at each call.
- Quitline services are confidential: physicians and other providers do not have access to the information provided by the patients to the quitline, and the quitline does not have access to the patient's medical record.

- Total time with the specialist for someone completing all sessions is about 2.5 hours, and quitlines try to have one specialist provide all sessions for a given smoker. The specialist will call back at about seven months to determine if the smoker has quit, and to offer further assistance as needed.
- Smokers can also call the quitline anytime if they have urgent needs, such as overwhelming cravings.
- Many quitlines will provide free nicotine replacement therapy by mail if it is appropriate for that smoker.
- In general, quitlines are as or more effective than other methods to help people quit; 25 – 30% of patients who complete the sessions are successful, a rate similar to that achieved by the best smoking cessation clinics.



With Tobacco Quitlines, members of the surgical team do not need to be tobacco experts, but have a place to direct patients to get expert help.

What should I do for my patients who smoke?

First, Ask all your patients if they smoke, even if you already know the answer, to demonstrate that you think their smoking is significant.

Currently, most patients report that members of their surgical team don't talk with them about their smoking. If we don't think it is important, why should they?



Second, Advise all your patients who smoke to stop smoking before surgery and stay off cigarettes until at least one week after surgery.

If you have time, tell them in a personalized manner why this is important to their anesthesia and surgery. Here are examples of some points you can make.

- I recommend that my patients stop smoking before surgery and stay off cigarettes until at least one week after surgery.
- Just like you should not eat the morning of surgery, you should not smoke the morning of surgery.
- The longer you can quit smoking both before and after surgery, the better – starting now, if you can – because this will help you have the best possible results for this surgery.
- For example, if you quit smoking, you decrease the chances that you will have problems with healing after surgery, such as a wound infection. Quitting also quickly improves the function of your heart and lungs – within about 12 hours.
- Many people find that having surgery is also an excellent opportunity to quit not just for the time around surgery, but for good.

Unless they are advised otherwise, most smokers continue to smoke right up to the time they enter the hospital. We ask patients to not eat the day of surgery; why not ask them to not smoke, too?

Third, Refer your patients who smoke to Tobacco Quitlines by giving them the quitline number (1-800-QUIT-NOW). If you have time, briefly explain the services they offer. Here are examples of some points you can make.

- I know that quitting can be difficult, but you don't have to do this on your own. One of the things that many smokers have found helpful is a telephone quitline.
- The quitline is free and uses a toll-free number.
- You talk with a specialist who has been trained to help people quit smoking. They take the time to understand your situation, and work with you to devise a specific plan that is right for you.
- They can also arrange to have stop-smoking medications delivered to you completely free of charge. Options include nicotine gum, patches, or lozenges.
- The first call to the quitline is just a brief call to schedule a time that works for you for the specialist to call back and talk with you.
- Even if you don't have time to call the quitline before surgery, the specialist can still help you after you get to feeling better in the hospital or when you get back home. They can also help you stay off cigarettes if you have already quit.

The advantage of the quitline is that anesthesiologists do not need to learn how to be tobacco specialists or spend much time discussing smoking. Also, there may be other resources such as nicotine treatment centers available in your practice setting.

For more information, and convenient tools that you can use to help your patients quit smoking, visit www.asahq.org/stopsmoking/provider