

Smoking and Surgery

The impact of smoking on surgical patients is considerable. Cigarette smoke contains over 250 known toxins, including nicotine, carbon monoxide, hydrogen cyanide, and nitric oxide, which all are known to impair wound healing, through multiple mechanisms. The relationship of smoking and delayed postoperative wound healing has been established in numerous scientific studies for many years. Poor healing has been demonstrated across a wide range of surgical disciplines and procedures, including many common plastic surgical procedures. The reversing effects of stopping smoking are supported by numerous scientific studies. The optimal duration of preoperative smoking cessation is 4 to 8 weeks or longer. Nicotine replacement therapy and smoking cessation medications are effective aids for quitting smoking. However, the detrimental effects on wound healing also occur while taking these substances and are thought to be related to the nicotine content of the tobacco substitutes. Exposure to second hand smoke has also been shown to result in the same complications as in smokers.

One of the ways that smoking affects surgery is its effect on the normal function of the lungs. After surgery the lungs have more difficulty clearing secretions and dealing with potential infecting bacteria. Lung infections such as bronchitis and pneumonia are more common in smokers after surgery. It has been shown that quitting smoking six weeks or more before surgery makes a difference, but it is important to remember that short-term (less than four weeks) smoking cessation has no effect on the risk of developing postoperative lung infections.

Another way in which smoking affects surgery is the reduction in blood flow to the healing surgical site. Smoking dramatically affects the available blood flow after surgery. If not enough blood flow remains the skin can dehisce (fall apart) or even not survive (necrose). This results in delayed healing with open areas. This situation often requires the need for larger dressings, longer recovery time, poor scars, and additional surgery. This is the case for many cosmetic procedures including, face lifts, arm lifts, breast reductions and lifts, abdominoplasty, and thigh lifts. Many reconstructive procedures involve a similar process such as breast reconstruction, and reconstructions after skin cancer.

Smoking has also been shown to increase the rate of surgical site infections. The exact reason for this is not completely known, but it is believed to be a combination of reduced blood flow to the area and the impact of the numerous chemicals contained in cigarette smoke on the cells involved in fighting infection in our bodies.

Quitting smoking before surgery is associated with demonstrable benefits. The optimum time to quit before surgery is as long as possible before. Six weeks, however has been shown to offer a very significant reduction in the rate of surgical complications attributable to surgery.

Family physicians are the best people to discuss the various options for smoking cessation is not an easy process and may require ongoing and changing strategies. Please see your family physician to discuss smoking cessation.

_____ Patient Initials

©2016 American Society of Plastic Surgeons®

This form is for reference purposes only. It is a general guideline and not a statement of standard of care. Rather, this form should be edited and amended to reflect policy requirements of your practice site(s), CMS and Joint Commission requirements, if applicable, and legal requirements of your individual states. The ASPS does not certify that this form, or any modified version of this form, meets the requirements to obtain informed consent for this particular procedure in the jurisdiction of your practice.

Smoking Cessation Form

Please date and sign if you are a smoker:

I am not a smoker but I have been informed of the risks of smoking around the time of surgery. I agree to avoid second hand smoke.

Patient Name: _____

Patient Signature: _____

Date: _____

Please date and sign if you are a smoker:

I have had the risks associated with smoking explained to me and understand that smoking complicates wound healing.

I agree to stop smoking completely at least six weeks prior to my surgical procedure. I agree not to use products containing nicotine, such as patched or gum. I agree to stop smoking for four weeks following my surgical procedure.

Patient Name: _____

Patient Signature: _____

Date: _____

_____ Patient Initials

©2016 American Society of Plastic Surgeons®

This form is for reference purposes only. It is a general guideline and not a statement of standard of care. Rather, this form should be edited and amended to reflect policy requirements of your practice site(s), CMS and Joint Commission requirements, if applicable, and legal requirements of your individual states. The ASPS does not certify that this form, or any modified version of this form, meets the requirements to obtain informed consent for this particular procedure in the jurisdiction of your practice.