

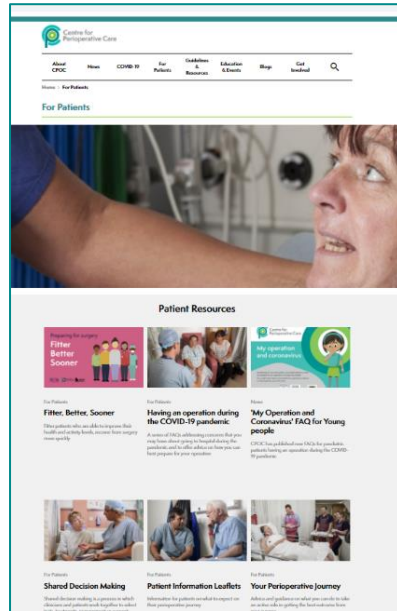


Centre for
Perioperative Care

Smoking (and stopping pre-op)

Patient-centredness

www.cpo.org.uk/patients



A teachable moment



TOBACCO & POSTSURGICAL OUTCOMES

- *Those who smoke, or even quit smoking, before surgery have a significantly increased risk of experiencing a range of postsurgical complications compared with non-smokers.*
- *Children exposed to second-hand tobacco smoke have a higher risk of peri-anaesthetic respiratory adverse events.*
- *Those who quit smoking approximately 4 weeks before surgery have a reduced risk of postsurgical complications. The optimum length of cessation varies depending on the type of postsurgical outcome assessed (i.e. wound healing or total complications).*
- *High-intensity behavioural interventions, which include weekly contact, provision of nicotine or non-nicotine (varenicline) replacement therapy and referrals to telephone cessation support and which are delivered for at least four weeks before surgery, are effective in reducing postsurgical complications. The impact of such interventions on smoking cessation can occur within one-week pre surgery.*
- *The surgical unit can play a vital role in the assessment of smoking status and initiation of smoking cessation interventions in its patients before surgery.*
- *Governments should promote the implementation of smoke-free hospital policies, access to nicotine or non-nicotine (varenicline) replacement therapy and access to community tobacco cessation services for presurgical patients.*

W.H.O. Association between cessation and post-surgical complications: reviews of controlled trials

- A review of randomized controlled trials showed that interventions to increase cessation can significantly reduce the incidence of any postsurgical complication (RR: 0.42, 95% CI: 0.27–0.65) and surgical site infections (OR: 0.43, 95% CI: 0.21–0.85), and postoperative morbidity up to six months post-follow-up.
- Longer abstinence periods (> 4 weeks) are, however, consistently associated with better postsurgical outcomes, with a review reporting that each additional week of cessation resulted in an improvement of 19% in terms of reduction of postoperative morbidity.

Smoking

www.nhs.uk/better-health

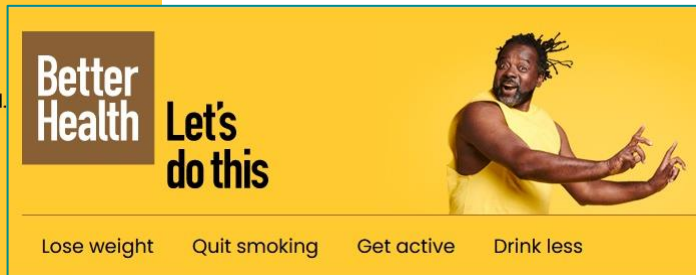
Quitting tips

You have made a great decision to give up smoking. Here are some tips to help you succeed.

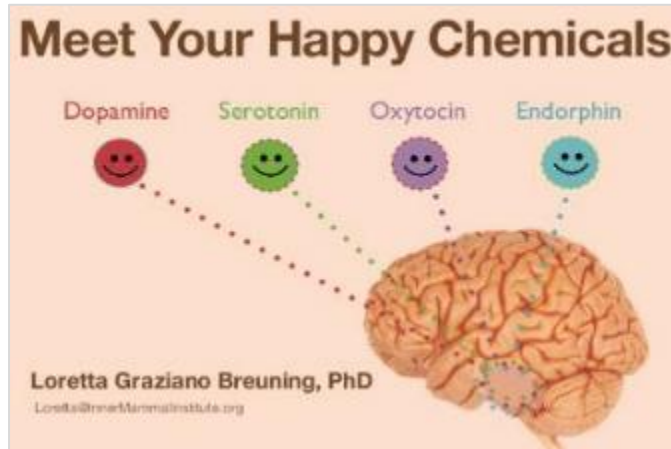
Once you have picked your quit date, remember to add it to your calendar.

1. List your reasons to quit.
2. Tell people you're quitting.
3. If you have tried to quit before, remember what worked.
4. Use stop smoking aids.
5. Have a plan if you are tempted to smoke.
6. List your smoking triggers and how to avoid them.
7. Keep cravings at bay by keeping busy.
8. Exercise away the urge.
9. [Join the Facebook group](#) for support and advice.

Good luck. Throw away all your cigarettes before you start. Remember, there is never "just 1 cigarette". You can do it!



How does change happen? Harness brain pathways



1. **Dopamine:** set goals, mini-rewards (vs. procrastinate)
2. **Serotonin:** be included, sun/UV, sleep, do good
3. **Oxytocin:** gifts, hugs, memories, sex
4. **Endorphins:** exercise, comedy, laughter

Ask, invite, listen, challenge

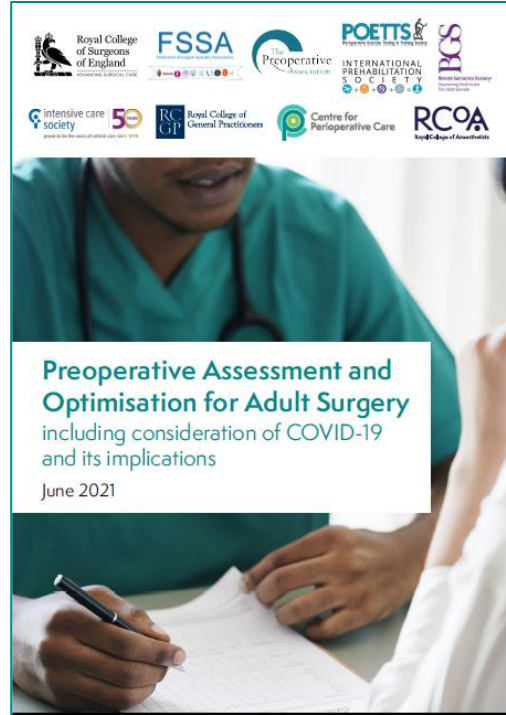
- Making Every Contact Count
 - <https://www.e-lfh.org.uk/programmes/making-every-contact-count/https://www.e-lfh.org.uk/programmes/making-every-contact-count/>
 - 'MECC' is free for all staff
- Moving Medicine
 - www.movingmedicine.ac.uk
 - Make a plan
 - Motivational interviewing
 - In a one-minute consultation
 - Listen for "change talk"



Complications

10–15%	Of operations have a complication	https://link.springer.com/article/10.1007/s10353-018-0551-z#Tab1
X5	If frail	https://doi.org/10.1093/ageing/afy110
X4	If physically inactive	https://pubmed.ncbi.nlm.nih.gov/23534776/
50%	Decrease with smoking cessation (19% in the first 4 weeks)	https://www.who.int/news/item/20-01-2020-smoking-greatly-increases-risk-of-complications-after-surgery
30–80%	Decrease with daily exercise	www.cpoc.org.uk/cpoc-publishes-major-evidence-review-impact-perioperative-care
14%	Patients express regret	https://publishing.rcseng.ac.uk/doi/full/10.1308/rcsbull.2020.146
10%	Operations cancelled (most due to lack of beds)	Wong et al, 2017
50%	UK population have multi-morbidity at 65	https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(12)60240-2/fulltext
27%	UK adults do no exercise at all	Sport England

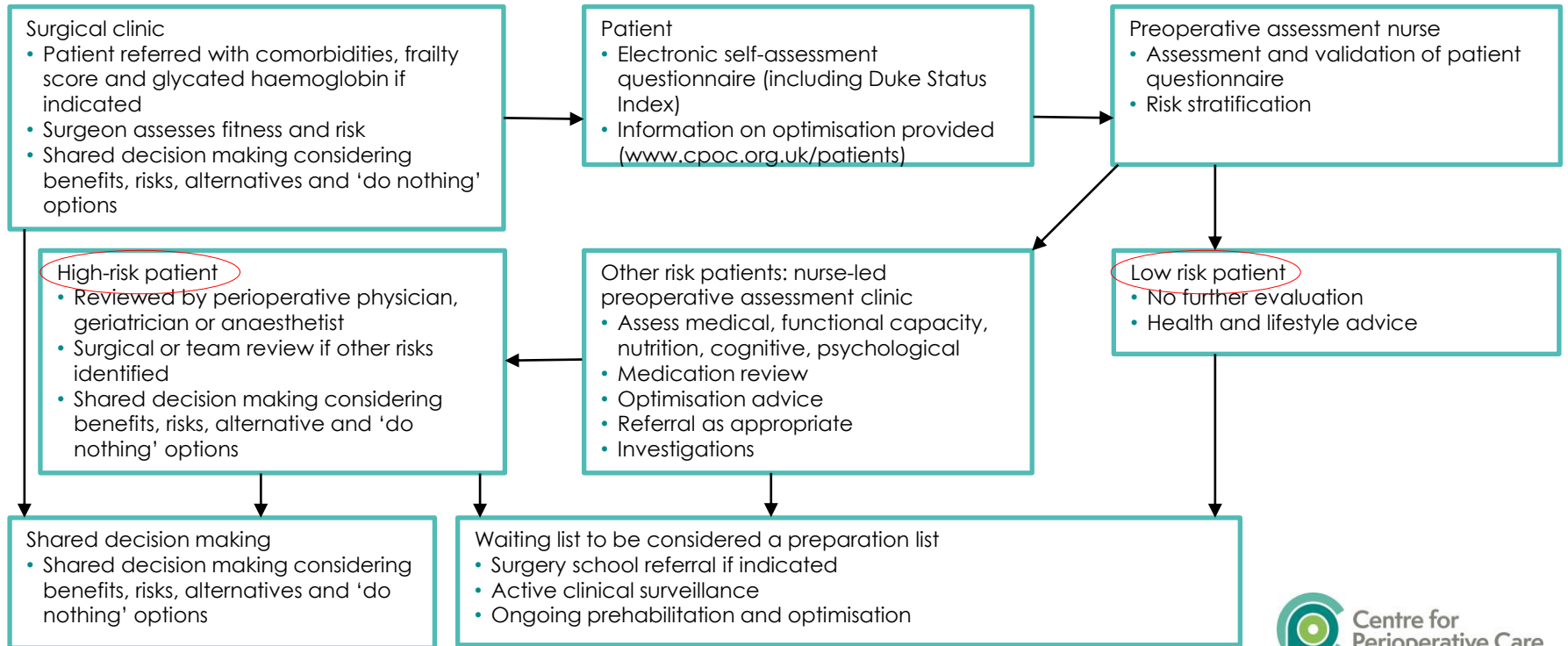
Pre-operative assessment & optimisation



Preoperative assessment and optimisation: the key to good outcomes after the pandemic

Complications following surgery are common, predictable and often preventable. New preoperative assessment and optimisation guidance recommends clear pathways with triggers for interventions, patient involvement, shared decision making and team education, to help both patients and service efficiency.

Pre-operative assessment and optimisation



Prepwell study

<https://prepwell.co.uk/factors-affecting-your-operation/smoking/>

1. Pre-op Assessment and optimisation
2. Day case
3. Use whole team
4. Pathways
5. Post-op standardization of care

www.cpoc.org.uk

www.movingmedicine.ac.uk

www.e-lfh.org.uk

1. Smoking
2. Exercise
3. Nutrition
4. Medication review + Senior review
5. Alcohol/drugs
6. Psychological preparedness
7. Physical preparedness