LOW PRIORITY PROCEDURE - Policy T16

Smoking Cessation Prior to Routine Elective Surgery

Policy author: NHS Suffolk Public Health Team
Policy start date: February 2007 (previously Policy T25)
First revision date: March 2009
Review date: March 2011

Policy summary

All smokers identified as needing routine elective surgery will be referred to smoking cessation services prior to their operation, as detailed below.

Smoking cessation will take place whilst the patient is on the waiting list. Patients who smoke will not be denied surgery or have their surgery delayed.

Referral procedure (see also Appendix 1)

Primary care
If a patient is identified by the GP as needing elective surgery they will first have their smoking status assessed. If the patient is a smoker then they should:

- Be asked how they feel about quitting smoking.
- Be encouraged to quit by the GP and the benefits of stopping smoking with regards to their operation discussed.
- Be given a ‘Stop before your Op’ leaflet.
- Be referred for full assessment of smoking. It is envisaged that smokers can be slotted into an appropriate service following discussion with the individual smoker
- Patients can be referred to either the stop smoking service within their GP practice or to Suffolk stop smoking service by faxing a referral or by phoning 0800 0856037

At the point of referral patients must be identified as ‘Stop before your Op’.

Secondary care
When patients are seen in the surgical outpatient’s clinic, smoking status and referral status will be assessed. At this point it needs to be ensured that identified smokers have been referred to a stop smoking service and referrals need to be made for those who have not.
If a patient refuses to embark on a quit attempt this will be recorded in the patient’s notes and on referral letters and information given to the patient on the increased risks of surgery.

Patients can, if they wish to, opt to suspend the waiting list in order to receive smoking cessation intervention. Some smokers may feel that they need a longer period of time in order to achieve abstinence or may find the pre operative period too stressful. The waiting list, however, must not be suspended for any other reason.

**Background to the condition**

Smoking remains the leading cause of preventable morbidity and premature death in England. In the East of England alone 8,300 deaths per year are attributable to smoking.

There is sufficient evidence to suggest that people who smoke have a considerably increased risk of intra- and post-operative complications such as chest infections, lung disorders, wound complications and impaired healing. Such complications compromise the intended procedural outcomes and increase the costs of care. Post-operative infections prolong hospital stay, increase ITU admissions and increase re-admission rates. Increased use of hospital beds and associated costs mean less opportunity to treat other patients.

**Background to the treatment**

Smoking cessation interventions before elective surgery have been shown to effectively reduce the number of people who smoke, resulting in a reduction in surgical complications, smoking-related illnesses and smoking-related deaths.

Smoking cessation interventions are highly cost-effective for the whole of the NHS, with the estimated cost of a fully integrated smoking cessation service being only £800 per life year gained. This is more effective than almost any other medical interventions apart from immunisation.

Helping smokers to quit before elective surgery will therefore improve the health of patients undergoing surgery, reduce the risks of complications and increase the cost-effectiveness of surgical procedures. This policy will also help to increase uptake of smoking cessation services and reduce the number of smokers in Suffolk in-line with the Department of Health white paper “Smoking Kills”.

**References**

1. Warner MA, Offord KP. Role of preoperative smoking cessation and other factors in postoperative pulmonary complications: a blinded prospective study of CABG patients. Mayo clinic proceedings; 1989;64;609-16.


Appendix 1

Suffolk Stop Smoking Service – ‘Stop before your Op’ Flow Chart

Patient requires referral for elective surgery
(Exclude patients requiring urgent assessment or treatment)
Identify if the patient is a smoker

SMOKER

‘Teachable Moment’
1. How do you feel about stopping smoking?
2. Important for health to stop before op
3. Introduce the Policy

REFER FOR FULL ASSESSMENT OF SMOKING AND ENCOURAGE TO QUIT
Give Stop Before Op literature

Level 2
Refer to smoking cessation service in your practice

PATIENT ADVISED ON IMPORTANCE OF AN ATTEMPT TO QUIT TO MINIMISE SURGICAL COMPLICATIONS
If quit date set, support continues on a weekly basis until 4-weeks quit. Monitoring form completed and marked Stop B4 Op and sent to stop smoking service.

Level 3
Refer to local stop smoking service (0800 0656037). Referral form marked ‘Stop before Op’

APPOINTMENT ARRANGED FOR ASSESSMENT
PATIENT ADVISED ON IMPORTANCE OF AN ATTEMPT TO QUIT TO MINIMISE SURGICAL COMPLICATIONS
If quit date is set patient will be supported for 4-weeks and monitoring form completed

NON-SMOKER

PATIENT SEEN IN OUT-PATIENT CLINIC AND NEEDS SURGERY

Smoking Status Assessed using Routine Carbon Monoxide Monitoring

Smoker Identified: Have they been seen by a stop smoking advisor?
YES: encourage quitting and record
NO: refer to stop smoking service

Waiting List

Pre-op Assessment
Carbon Monoxide reading taken to confirm smoking status
Recorded in Records

For Health care professionals: If any information is needed regarding the implementation of this policy please call Hilary Andrews, Suffolk Stop Smoking Services coordinator on 01473 704745