

STOP SMOKING BEFORE SURGERY

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INTRODUCTION:

The project Stop Smoking Before Surgery was introduced in the hospital in August 2016. The urology and surgery departments were involved in the project.

PROJECT'S GOALS:

- to educate patients about smoking related risk factors while in contact with healthcare professionals
- to motivate and support patients to quit (or interrupt) smoking before elective surgery
- to reduce surgery complications related to smoking

METHODS

Patient education was provided in the outpatient department during a pre-surgery session (usually 6 weeks before a surgery). Education was provided by nurses who handed out useful written materials. These materials contained information about relations between smoking and surgery complications, recommendations related to smoking cessation, and contacts for further advice. Patients were encouraged to visit the clinical pharmacologist within the hospital to get information about tobacco substitution treatment. Part of the substitution treatment cost (10%) was covered from the project budget.

RESULTS

The project lasted 5 months. More than 200 patients obtained written information about smoking risk factors and potential complications related to planned surgery. Only 3 patients actively sought clinical pharmacologist advice, and showed an interest in smoking cessation. The project outcomes were very poor and provoke further discussion about different strategies how to approach smokers.

DISCUSSION ABOUT FACTORS WITH NEGATIVE INPUT ON THE PROJECT OUTCOMES

Elective surgery is a big stress for patients. To quit smoking at the same time can increase the level of stress. From the patient perspective, it is not suitable to combine both stress factors; and that is why they are not willing to cease smoking before surgery.

Written information didn't have any strong impact on the patients' decision process. Direct consultation with professionals (addictologist) could be more effective.

SUMMARY

Recent experience with the project made us to change the strategy. We will try to incorporate an intervention of an addictologist into the pre surgery time. We assume that direct professional interaction will have bigger impact than handing out written materials.

