

January, 2009

## **Ontario's Anesthesiologists want Smokers to "Cut the Risk" Prior to Surgery**

Ontario's Anesthesiologists are once again taking the lead to raise awareness about the risks patients face if they smoke before surgery. This is the second year for the "Stop Smoking for Safer Surgery" campaign and anesthesiologists are asking their colleagues to join them in educating patients about the benefits of quitting smoking before checking into hospital.

"Patients who smoke before surgery, take longer to heal and have an increased risk of wound infections," said Dr. Stephen Bodley, Chair of Ontario's Anesthesiologists at the Ontario Medical Association (OMA). "By stopping smoking three or four weeks in advance of surgery, you are significantly reducing your recovery time."

The findings of a study published in *The Lancet* (1) revealed the median length of stay for patients who had quit smoking in the 6-8 weeks leading up to surgery was 11 days compared to 13 days for patients who had simply reduced smoking by at least 50%. That same study noted 48% of smokers had breathing problems after surgery compared to 17% of smokers who had quit more than 8 weeks before surgery. A mere 11% of non-smokers experienced breathing problems.

Dr. John Oyston is Chief of Anesthesiology at The Scarborough Hospital and is the founder of the Stop Smoking for Safer Surgery initiative which aims to educate smokers about the risks of smoking and surgery and about the benefits of quitting beforehand. Dr. Oyston has seen firsthand the complications that can arise when a patient has not stopped smoking before surgery.

"Overall, rates of complications increase for patients who smoke," said Dr. Oyston. "After surgery, patients who smoke, have irritable airways, cough more and are more likely to return to the hospital for a second surgery that is often related to their smoking."

A review conducted by the American Society of Anesthesiologists and released in 2006 (2), reveals surgical patients who do not smoke tend to have fewer complications compared to those patients who smoke. The review also reveals that anesthesia is safer and more predictable in non-smokers due to better functioning of the heart, blood vessels, lungs and nervous systems.

Many studies have shown that smoking is a health risk to patients undergoing surgery. In particular, cigarette smoke increases the amount of carbon monoxide in the blood while decreasing the supply of oxygen to the heart. This puts additional strain on the heart during surgery and increases the risk of a heart attack while under an anesthetic.

Ontario's doctors recognize that quitting has been a losing battle for some patients. Many patients have tried to quit dozens of times without success. Doctors say those patients may be candidates for smoking cessation drugs.

“There are a variety of smoking cessation drugs that can help patients manage their smoking habit during times when they cannot smoke, in particular during a hospital stay,” said Dr. Ken Arnold, President of the Ontario Medical Association. “If a patient has taken the first step of quitting while they are in hospital, they should speak to their doctor to discuss the options that can help them quit for good.”

To assist doctors, there are “Stop Smoking for Safer Surgery” posters available free of charge for use in your clinic or office. For more information, please contact: OMA Media Relations at 416-340-2862 or 1-800-268-7215 ext. 2862

---

#### Footnotes

1 The Lancet, Volume 359 January 12, 2002

2 American Society of Anesthesiologists