



GETTING ELECTIVE SURGERY PATIENTS TO QUIT SMOKING

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OFFERING mailed nicotine replacement therapy (NRT) and Quitline support to patients encouraged almost one-third of smokers to quit before their elective surgery, according to research published today by the *Medical Journal of Australia*.

Dr Ashley Webb, a staff anaesthetist at Peninsula Health and Monash University, and colleagues conducted a trial at Frankston Hospital involving adult smokers added to elective surgery waiting lists for operations at least 10 days in the future, between 1 April 2019 and 3 April 2020.

In addition to normal care, participants in the intervention arm of the trial received a brochure on the risks of low frequency smoking, an offer of Quitline call-back registration, and an offer of mailed NRT (according to reported daily smoking: 1–9 cigarettes/day, 2 mg lozenges; 10–15/day, 7–14 mg patches [3 weeks] and 2 mg lozenges; > 15/day, 7–21 mg patches [5 weeks] and 2 mg lozenges).

“Of 748 eligible participants (control, 363; intervention, 385), 516 (69%) had undergone elective surgery when the trial was terminated early (for COVID-19-related reasons) (intervention group, 274; control group, 242),” Webb and colleagues reported.

“122 of the 385 intervention participants (32%) had accepted the offer of cessation support. The proportions of intervention participants who quit at least 24 hours before surgery (18% v 9%) or at least 4 weeks before surgery (9% v 4%) were larger than for the control group.

“Three months after surgery, 27 of 58 intervention (47%) and 12 of 25 control participants (48%) who quit before surgery reported not smoking in the preceding 7 days. No major adverse events were reported.”

Webb and colleagues wrote that the risks of wound infections, cardiopulmonary complications, and higher health care costs were greater for smokers than non-smokers undergoing elective surgery, but those risks could be reduced if people quit at least 4 weeks before surgery.

“Offering mailed NRT and Quitline support was a practical, safe, and inexpensive strategy for encouraging cessation of smoking before elective surgery,” they wrote.



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Media Release

“Given the thousands of smoking Australians who have elective surgery each year, the individual and public health benefits could be substantial were this strategy to be adopted by other health services.

“While not replacing the need for clinicians to advise their smoking patients before surgery, a systematic health service program could improve outcomes and reduce variability in the quality of pre-surgery smoking cessation support,” they concluded.

The Heart Foundation contributed to funding for the research.

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CONTACTS:

Dr Ashley Webb
Staff Anaesthetist
Peninsula Health
Email: awebb@phcn.vic.gov.au
Ph: 0419 793 036