

## Smoking rates reduce with surgeon-led intervention

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Surgeon-led intervention, including counselling, referral to the *QuitLine* as well as behavioural and nicotine replacement therapy (NRT), can reduce smoking rates by up to 30 per cent according to research outlined in the latest issue of the *Australia and New Zealand Journal of Surgery (ANZJS)*, the peer-review publication of the Royal Australasian College of Surgeons (RACS).

Professor Robert Fitridge, FRACS and Dr Catherine Gibb, FRACP of the Royal Adelaide and the Queen Elizabeth Hospitals report that despite world-wide understanding of the harm caused by smoking and the message to ‘quit’ not being a surprise, patients are more likely to remember the advice given prior to surgery.

According to Fitridge and Gibb, smoking cessation for at least four weeks before surgery can reduce the incidence of post-operative pulmonary (lung) complications and wound healing problems, but even briefer periods of abstinence may still be as effective.

“There are chronic illnesses associated with smoking that also increase the risk of poor surgical outcomes, such as underlying respiratory and vascular disease. Elective surgery may not even be offered to active smokers because of the risk of adverse outcomes.

“The benefits in terms of reducing post-operative complications can be seen however, within two weeks of stopping smoking,” the researchers said.

Different approaches to surgeon-led intervention may be required for different types of smokers. In those unwilling to take part in therapy, a discussion alone may be enough to prompt reflection on smoking behaviour, but in patients more willing to actively contemplate ‘quitting’, referral to the *QuitLine* and provision of NRT would be an appropriate option.

The challenge for surgeons now is to bring the public health understanding of the benefits of stopping smoking into individual patient care. Barriers in the past have included a lack of time but Fitridge and Gibb suggest that advising of the importance of smoking cessation should be a core surgical competency and that this is a potential area for improvement in terms of education and support.

“There is no wrong time to stop smoking prior to surgery,” the researchers said.

[Read the full article here](#)

*The ANZ Journal of Surgery, published by Wiley-Blackwell, is the pre-eminent surgical journal published in Australia, New Zealand and the South-East Asian region for the Royal Australasian College of Surgeons. The Journal is dedicated to the promotion of outstanding surgical practice, and research of contemporary and international interest.*



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