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Preoperative Smoking Cessation Audit: A Single Centre Experience from Metropolitan Melbourne

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Abstract : The Australian and New Zealand College of Anaesthetists (ANZCA) advises that smoking should not be permitted within 12 hours of surgery. There is little information in the medical literature regarding patients awareness of perioperative smoking cessation recommendations nor their appreciation of how smoking might negatively impact their perioperative course. The aim of the study is to assess the prevalence of current smokers presenting to Werribee Mercy Hospital (WMH) and to evaluate if pre-operative provision of both written and verbal pre-operative advice was, 1: Effective in improving patient awareness of the benefits of pre-operative smoking cessation, 2: Associated with an increase in the number of elective surgical patients who stop smoking at least 12 hours pre-operatively. Methods: The initial survey included all patients who presented to WMH for elective surgical procedures from 19 – 30 September 2016 using a standardized questionnaire focused on patients' smoking history and their awareness of smoking cessation preoperatively. The intervention consisted of a standard pre-operative phone call to all patients advising them of the increased perioperative risks associated with smoking, and advised patients to cease 12 hours prior. In addition, written information on smoking cessation strategies were sent out in mail at least 1 week prior to planned procedure date to all patients. Questionnaire-based study after the intervention was conducted on day of elective procedure from 10 – 21 October 2016 inclusive. Primary outcomes measured were patient's awareness of smoking cessation and proportion of smokers who quit >12 hours, considered a clinically meaning duration to reduce anaesthetics complications. Comparison of pre and post intervention results were made using SPSS 21.0. Results: In the pre-intervention group (n=156), 36 (22.4%) patients were current smokers, 46 were ex-smokers (29.5%) and 74 were non-smokers (48.1%). Of the smokers, 12 (33%) reported having been informed of smoking cessation prior to operation and 8 (22%) were aware of increased intra- and perioperative adverse events associated with smoking. In the post-intervention group n= 177, 38 (21.5%) patients were current smokers, 39 were ex-smokers (22.0%) and 100 were non-smokers (56.5%). Of the smokers, 32 (88.9%) reported having been informed of smoking cessation prior to operation and 35 (97.2%) reported being aware of increased intra- and perioperative adverse events associated with smoking. The median time since last smoke in the pre-intervention group was 5.5 hours (Q1-Q3 = 2-14) compared with 13 hours (Q1-Q3 = 5-24) in post intervention group. Amongst the smokers, smoking cessation at least 12 hours prior to surgery significantly increased from 27.8% pre-intervention to 52.6% post intervention (P=0.03). Conclusion: A standard preoperative phone call and written instruction on smoking cessation guidelines at time of waitlist placement increase preoperative smoking cessation rates by almost 2-fold.

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