

## Thames Valley Priorities Committee Commissioning Policy Statement

**Policy No. TVPC78**

**Smoking cessation before planned surgery**

**Recommendation made by  
the Priorities Committee:**

May 2018

**Date of issue:**

**December 2018**

Patients who smoke and who are identified as needing routine planned surgery must be advised to stop smoking and should be referred to a smoking cessation service prior to their operation.

**GPs and secondary care clinicians must record the smoking status of the patient, confirm that a referral for stop smoking service has been made or the reason for an opt-out and advice given, as applicable.**

There are significant positive effects of stopping smoking in the 8 weeks running up to surgery. Stopping smoking any time before surgery has no detrimental effects for patients.

This view is supported by the Joint briefing by Action on Smoking and Health (ASH), the Royal College of Anaesthetists, the Royal College of Surgeons of Edinburgh and the Faculty of Public Health (April 2016) and NICE Guidance NG92 (2018) Stop smoking interventions and services.

NICE notes that evidence has showed that smoking delays recovery after surgery, therefore people should stop smoking before having elective surgery. Because this is so important, the NICE appraisal committee recommended that people planning surgery are referred for stop smoking support as an opt-out approach, rather than being offered a referral (an opt-in approach).

Patients who continue to smoke despite pre-operative advice and support to stop smoking will not be denied surgery or have their surgery delayed, unless their surgeon/anaesthetist considers the risk to the patient is too great.

## The role of health professionals

Health professionals have a key role to play in encouraging smokers to quit. Surveys have found that prompts from health professionals are the second most common reason for an attempt to quit. To make surgical care more effective and efficient, an integrated approach to patient care which includes joined up working between and across primary and secondary care, should be taken. This should take “fitness for surgery” into account and encourage smoking cessation prior to surgical intervention as good practice.

### Primary care

GPs are normally the first point of contact for patients. As a matter of routine, they should identify smokers and offer smoking cessation interventions.

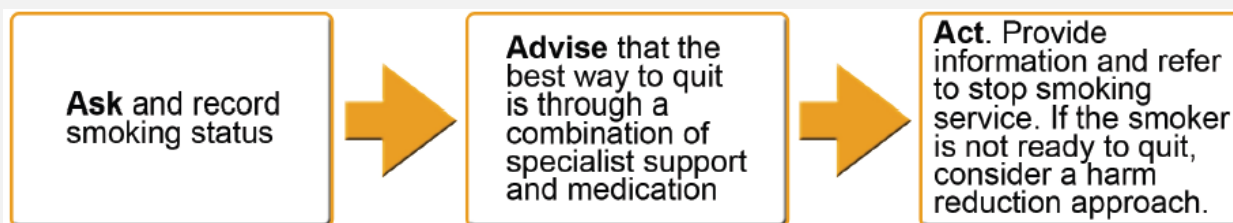
### Surgeons and anaesthetists

The point at which the patient and surgeon agree that surgery should take place should also be seen as a ‘teachable moment’ where patients are often more receptive to intervention and more motivated to quit. When discussing the risks of any potential procedure the surgeon should outline the reduction in risk associated with smoking cessation.

Anaesthetists carry out assessments of patient wellbeing and fitness before surgery. Even though preoperative assessment may take place shortly before surgery, it provides a further opportunity to encourage smoking cessation and as such improve general health.

The hospital’s no smoking environment creates an external force to support abstinence or quitting.

To support the identification and referral of smokers, the National Centre for Smoking Cessation and Training (NCSCT) has developed a simple method known as “Very Brief Advice” (VBA). VBA has 3 components: Ask, Advise and Act. VBA can be used by all health professionals, and patients who say that they have ‘cut down’ should still receive a Very Brief Advice intervention at future consultations.



Further advice available at: [Joint briefing: Smoking and surgery \(2016\)](#)

Contacts:

**Smoke Free Berkshire** <https://www.smokefreelifeberkshire.com/>

**Stop Smoking Bucks Health** <https://www.livewellstaywellbucks.co.uk/>

**Smoke Free Oxfordshire** <https://www.smokefreelifeoxfordshire.co.uk/>

**NHS Choices** <https://www.nhs.uk/live-well/quit-smoking/take-steps-now-to-stop-smoking/>

NOTES:

- Potentially exceptional circumstances may be considered by a patient's CCG where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual's health status.
- This policy will be reviewed in the light of new evidence or new national guidance, e.g., from NICE.
- Thames Valley clinical policies can be viewed at <http://www.fundingrequests.ccsu.nhs.uk/>