

**Policy Recommendation: Smoking and Non-Urgent Surgery**

**Date of Issue:** May 2017

The committee recommends:

- Prescribing medication outside of supported programmes is low priority
- Education through resources such as the National Centre for Smoking Cessation and Training (NCSCT - <http://www.ncsct.co.uk/>) is to be encouraged for all clinicians
- All clinicians have a responsibility to undertake patient education and offer brief intervention with every contact
- Use of e-cigarettes are less harmful and are preferable to smoking
- Stopping smoking should be encouraged for at least 8 weeks prior to operation
- Referral to a structured smoking cessation programme should be encouraged prior to, or at latest, at time of referral for surgical assessment and
- Evidence of active engagement with the programme or informed dissent must be evidenced before operative intervention.

**Supporting Information**

Post-operative complications caused by smoking costs the NHS well over a million pounds a year in treatment costs in Southampton, Hampshire, Isle of Wight and Portsmouth (SHIP) alone, as well as causing pain and suffering for the individuals.

10% fewer patients get complications post-operatively if they have quit which almost halves the complication rate in some instances.

Numerous studies showed improved overall outcomes with better wound healing and fewer respiratory complications.

The committee was satisfied that a supported and structured smoking cessation programme increased the quit rate up to 4-fold.

Reduction in smoking would also reduce complication rates and lessen the burden on primary care as a result.

*Notes:*

***Whilst the panel recognised the considered expert advice of NICE in their recommendation the panel also had a duty to prioritise spending of a finite resource locally and made a decision which it felt gave the most equitable and effective use of investment.***