



Surgeons Helping Patients Quit Smoking Before Surgery

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Pilot study: Surgeons work to help patients quit smoking before surgery

CHICAGO, Ill., Feb. 8, 2016 -- A recent pilot study of vascular surgery patients found that patients facing surgery were more likely to quit smoking when their physician offered the right kind of assistance.

The study's investigators, including vascular surgeons Dr. Philip P. Goodney and Dr. Emily Spangler of Dartmouth-Hitchcock Medical Center in Lebanon, NH, and Dr. Alik Farber of Boston Medical Center, were particularly interested because patients who smoke often will have fewer post-surgical complications if they quit ahead of time.

While it's somewhat common for surgeons to mention that their patients should quit smoking before an upcoming surgery, in most cases, there is no actual assistance, such as offering nicotine patches or referral to a smoking quit line.

However, in this pilot study nicknamed "VAPOR," which was supported by a grant from the Society for Vascular Surgery Foundation, 156 patients were offered advice from physicians for smoking cessation, nicotine replacement medications and information about phone counseling, or usual medical care.

Researchers found that most patients wanted a personalized approach to help them quit, even during the "teachable moment" of impending surgery.

"We were hoping to find a one-size-fits-all plan to get patients to quit smoking before surgery," said Goodney. "We wanted one approach that would be expedient, and work in every setting and every patient. What we found was the opposite. Patients wanted to customize a smoking cessation program to fit their own needs. They would say, 'I have been smoking a long time and have health problems. I need something to help me individually.' Patients know a lot about their own challenges."

The pilot study was so successful that the program was adapted for use among the researchers' colleagues at Boston Medical Center.

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Published on Society for Vascular Surgery (<https://vascular.org>)

“Most surgeons were excited to gain an easy way to deliver smoking cessation help to their patients,” said Farber. “The approach of a) brief surgeon advice, b) prescription therapy and c) a referral to telephone counseling, has been widely adopted by the surgery clinics in our institution.” A key aspect of the pilot program was that it enlisted patients as part of the research team. Their ideas have been incorporated in the design of a larger, similar study that is being developed.

The researchers learned that patients also benefited from hearing about others who had succeeded at quitting and who had successful surgeries. To that end, videos of ex-smokers telling their personal stories will be added to the second phase of the study.

“It’s a new approach to research,” said Goodney. “Scientific research is usually done by researchers alone, who put together a study they think is scientifically valid and accurate. But a new paradigm is being put forth by the Patient Centered Outcomes Research Institute, or PCORI, which believes if you really want to study how patients stop smoking, you have to talk to those who are in the middle of that quandary.”

Another hurdle was the fact that surgeons are busy and don’t have much time to spend counseling patients about smoking cessation. The program has been configured so that surgeons deliver brief advice, after which another member of the surgical team completes the remaining tasks.

Smoking cessation has a big impact on surgical outcomes, Goodney noted.

“Data from our own patients has shown those who quit smoking have a much lower risk of wound complications (than those who don’t smoke) and their time on a ventilator can be half as long after surgery,” Goodney said. “Those are not small benefits.”

Goodney and Farber think that it is the responsibility of a surgeon to discuss smoking cessation with their patients. “It affects the operation directly,” Goodney said. “We think it’s such an important contribution to the patient’s overall health. They have fewer vascular complications if they quit. If we can make it efficient and effective, why wouldn’t they want to do it? We have been pleased that surgeons have bought into it, and they have not said it’s a waste of time.”

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Article Date: Monday, February 8, 2016

Tags: Research

Surgical Procedures & Techniques

Article Type: Press Release