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SCIENTIFIC ARTICLE

Surgery is unlikely to be enough for a patient to stop smoking 24 h prior to hospital admission



Igor Maia Marinho, Maria José C. Carmona*, Fábio Ely Martins Benseñor, Julia Mintz Hertel, Marcos Fernando Breda de Moraes, Paulo Caleb Junior Lima Santos, Matheus Fachini Vane, Jaqueline Scholz Issa

Universidade de São Paulo (USP), Faculdade de Medicina, Hospital das Clínicas, São Paulo, SP, Brazil

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KEYWORDS

Smoking;
Carbon monoxide;
Elective surgery

Abstract

Introduction: The need for surgery can be a decisive factor for long-term smoking cessation. On the other hand, situations that precipitate stress could precipitate smoking relapse. The authors decided to study the impact of a surgery on the patient's effort to cease smoking for, at least, 24h before hospital admission and possible relapse on the last 24h before hospital admission for ex-smokers.

Methods: Smoker, ex-smokers and non-smokers adults, either from pre-anesthetic clinic or recently hospital admitted for scheduled elective surgeries that were, at most, 6h inside the hospital buildings were included in the study. The patients answered a questionnaire at the ward or at the entrance of the operating room (Admitted group) or at the beginning of the first pre-anesthetic consultation (Clinic group) and performed CO measurements.

Results: 241 patients were included, being 52 ex-smokers and 109 never smokers and 80 non-smokers. Smokers had higher levels of expired carbon monoxide than non-smokers and ex-smokers (9.97 ± 6.50 vs. 2.26 ± 1.65 vs. 2.98 ± 2.69 ; $p=0.02$). Among the smokers, the Clinic group had CO levels not statistically different of those on the Admitted group (10.93 ± 7.5 vs. 8.65 ± 4.56 ; $p=0.21$). The ex-smokers presented with no significant differences for the carbon monoxide levels between the Clinic and Admitted groups (2.9 ± 2.3 vs. 2.82 ± 2.15 ; $p=0.45$).

Conclusion: A medical condition, such as a surgery, without proper assistance is unlikely to be enough for a patient to stop smoking for, at least, 24h prior to admission. The proximity of a surgery was not associated with smoking relapse 24h before the procedure.

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* Corresponding author.

E-mail: maria.carmona@incor.usp.br (M.J. Carmona).

PALAVRAS-CHAVE

Fumar;
Monóxido de carbono;
Cirurgia eletiva

É improvável que a cirurgia seja suficiente para que o paciente pare de fumar 24 horas antes da internação hospitalar**Resumo**

Introdução: A necessidade de cirurgia pode ser um fator decisivo para a cessação do tabagismo a longo prazo. Por outro lado, situações que precipitam o estresse podem precipitar a recaída do tabagismo. Decidimos avaliar o impacto de uma cirurgia no esforço do paciente para deixar de fumar durante pelo menos 24 horas antes da internação hospitalar e a possível recaída nas últimas 24 horas anteriores à internação em ex-fumantes.

Métodos: : Fumantes, ex-fumantes e não fumantes adultos, quer de clínica pré-anestésica ou recentemente internados para cirurgias eletivas programadas que ficariam, no máximo, seis horas dentro das unidades hospitalares, foram incluídos no estudo. Os pacientes responderam um questionário na enfermaria ou na entrada da sala de operação (Grupo Internação) ou no início da primeira consulta pré-anestesia (Grupo Clínico) e fizeram mensurações dos níveis de CO.

Resultados: No total, 241 pacientes foram incluídos: 52 ex-fumantes, 109 que nunca fumaram e 80 não fumantes. Os fumantes apresentaram níveis mais elevados de monóxido de carbono expirado que os não fumantes e ex-fumantes ($9,97 \pm 6,50$ vs. $2,26 \pm 1,65$ vs. $2,98 \pm 2,69$; $p=0,02$). Entre os fumantes, o Grupo Clínico apresentou níveis de CO não estatisticamente diferentes daqueles do Grupo Internação ($10,93 \pm 7,5$ vs. $8,65 \pm 4,56$; $p=0,21$). Os ex-fumantes não apresentaram diferenças significativas entre os grupos Clínico e Internação para os níveis de monóxido de carbono ($2,9 \pm 2,3$ vs. $2,82 \pm 2,15$; $p=0,45$).

Conclusão: É improvável que uma condição médica, como uma cirurgia, sem assistência adequada seja suficiente para que um paciente pare de fumar, pelo menos, 24 horas antes da internação. A proximidade de uma cirurgia não foi associada à recaída do tabagismo nas 24 horas anteriores ao procedimento.

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Introduction

In the surgical population, smoking habit can cause serious complications on the perioperative period. This habit cessation in the preoperative period could minimize possible cardiovascular, pulmonary, cicatrization and bone healing effects due to tobacco, decreasing the incidence of intraoperative and postoperative complications.^{1,2} Based on this, there is a growing interest in encouraging the patients undergoing elective surgery to stop smoking in the preoperative period.³

Health conditions in tobacco users, such as the need for surgery, are recognized as decisive factors for long-term smoking cessation.⁴ Undergoing surgery was associated with an increased likelihood of smoking cessation, especially when major procedures were performed. However, little is known about patients' own effort to quit smoking when a health condition, such as surgery, approaches.

Traditionally, the minimum duration necessary to define clinically a patient as an ex-smoker is complete abstinence from smoking over at least 24 h.⁵ Nevertheless, patients who present to surgery with more than 24 h of habit's cessation may declare themselves as ex-smokers. However, patients who cannot remain abstinent for at least 24 h most likely will not report the effort as a true quit attempt.⁶

On the other hand, situations that precipitate stress, such as work, finances and relationships, and mood-related situations (i.e., anxiety), could precipitate smoking relapse.^{7,8}

Health conditions, as the need for surgery, are known to cause great anxiety and stress on the patient and could also be a potential factor for smoking relapse.⁹

Based on these facts, the authors aimed to compare the CO levels, which are a sensible marker for smoking in the last 24 h, of patients who were admitted to the hospital for an elective surgery with those coming for an outpatient consultation.¹⁰ The hypothesis was that an elective hospital admission for surgery would make the patient try to cease smoking for, at least, 24 h before hospital admission. However, an operation could also be a cause for smoking relapse, since it causes stress and anxiety.⁹ Thus, the authors also investigated the CO levels of ex-smokers in order to detect possible relapse.

Methods

The study was approved by the Ethics Committee for Analysis of Research Projects of the Hospital das Clínicas, Faculty of Medicine, University of São Paulo (CAPPesq Project n° 0824/10) and subjects signed the informed consent form.

The recruited patients were adults (>18 years-old), either from pre-anesthetic clinic or recently admitted for scheduled elective surgeries. The patients were recruited between August 2012 and February 2013. The smoking status was defined by patient's own statement: "smoker", "ex-smoker "or" never smoker". For the term "ex-smoker",

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