

The Increasing Fitness for Surgery Initiative

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Initiative aim

- The Increasing Fitness for Surgery initiative aims to provide clinical support for patients to stop smoking before planned (non-urgent) surgery to improve their health outcome and to encourage them to quit smoking, even if it's only for a few weeks
- The local NHS Stop Smoking Service has capacity to take these referrals (Pompey Quit Service)

Clinical Evidence

- Cigarette smoke contains more than 4,000 chemicals
- Smoking up to the time of any surgery increases heart and circulation problems associated with anaesthetics
- It impairs tissue healing which may lead to infections and other complications at the site of the surgical wound

Interesting facts

- These complications have a major impact on healthcare resources
- Evidence indicates that orthopaedic surgical site infections prolong hospital stays by an average of two weeks a patient, double re-admission rates and increase health costs by more than 300%
- Some 11,000 patients that smoke a year are referred for surgery at the Queen Alexandra Hospital

Who does this include?

- Smoking Cessation is best practice for all patients prior to being referred to a surgical specialty
- Patients should be supported to quit smoking prior to referral for surgery and the referral should normally be delayed whilst smoking cessation interventions take place
- This would bring clinical benefit to patients and increase motivation to quit

Who does this include?

- Once referred if a patient relapses they will not be taken off the list but continued to be supported to make a further quit attempt
- If the patient declines to give up smoking the GP can refer, stating this, and the hospital clinician will assess the benefit from the operation outweighing the significant risks of smoking. If they feel the risks of smoking outweigh the benefit they will refer back to the GP for smoking cessation

However

- In all cases the doctor should always assess whether the clinical benefit from the operation outweighs the significant risks of smoking – if they do then they should refer to hospital immediately

For example:

- Persons needing urgent or unscheduled care
- Any 'Red Flag' patients needing orthopaedic referral
- Cancer or needing the 2 week urgent referral pathway
- People with Serious Mental Illness (on the GP SMI register)
- People with Learning Disability
- Children (up to 18 years)

Why implement this?

- There is a good clinical evidence base – ‘Best Practice’
- This time is often a “teachable moment” where patients are more receptive to intervention and are more motivated to quit.
- The hospital’s no smoking environment creates an external force to support abstinence.
- Patients are ideally placed to be given information about treatment options, support through withdrawal and signposted to specialist services.
- Abstaining from smoking at this time can lead to significant health benefits.

Key messages

- It is best practice for patients to stop smoking before surgery
- If patient stops smoking, is referred and then relapses, it would be best practice for hospital staff to book for operation but concurrently refer back to smoking cessation service for support
- If patient is referred for an opinion as opposed to an operation and is found to smoke then it would be best practice for the consultant to return patient to GP with recommendation that he/she needs surgery after stopping smoking
- In all cases the doctor should always assess whether the clinical benefit from operation outweighs the significant risks of smoking – if they do then they should refer to hospital immediately

- In addition special consideration should be given to those who have made multiple quit attempts with a specialist service and there is reason why a further attempt is unlikely to be successful

Support for Initiative

- Local Lead Doctors are signed up: this initiative has been recommended by the Portsmouth and south east Hampshire Sustainability Programme Clinical Leaders Group
- The Sustainability Programme Board supported the initiative in April 2011 which means it has support from the chief executives of every NHS health trust operating in Portsmouth and south east Hampshire.

To summarise

- This is part of the much wider process to prepare a patient for surgery
- It is 'best practice' to refer patients for smoking cessation prior to surgical intervention
- Smoking cessation services are proven to be successful in quitting smoking
- There are short term benefits for patients giving up smoking for surgery
- There are long term health benefits for people who give up smoking