



Should We Delay or Reject Surgery in Patients Who is Smoking?

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Editorial

The smoked tobacco products (cigarettes, pipes, cigars, hookahs) addiction is a very common and lethal social fact. The harmful effects of tobacco cause problems both during surgery and postoperative period. Numerous studies shed light on how and why smokers face higher levels of risk during surgery. Smokers are under significantly higher risks for post-surgical complications such as impaired heart and lung functions, impaired wound healing, and infections. In addition, they have an increased risk of bleeding during and after surgery, and prolonged hospital stay postoperatively.

Studies showed that smokers' risk of developing pneumonia, heart attack and strokes are doubled postoperatively. The nicotine and carbon monoxide can decrease oxygen levels, elevate heart rate, increase blood pressure, and intensify the risk of heart-related complications after surgery. Carbon monoxide depletes the oxygen levels and accumulates ten times more in smokers' blood which heightens the body's need for oxygen. Furthermore, it enhances the amount of mucus secretion and causes narrowing of the small airways which makes them prone to collapse. In the end, the lungs become more susceptible to infection and other complications. Smoking causes death of many cells in the body, diminishes the patients' lung capacity and decreases the air flow due to the loss of alveoli, which in turn, increases the risk of post-surgical complications of the lungs. There is also a higher likelihood of bronchospasm and other life-threatening complications during anesthesia. For general anesthesia of smokers, more anesthetic drugs and gases are required, in turn, keeping their blood pressure under control becomes troublesome, and they usually experience more problems awakening from anesthesia. Chemicals in the tobacco products interfere with certain drugs' break down rates which results in excessive necessity of anesthesia and pain-relieving drugs after surgery.

Smoking distorts patient's immune system and can delay healing, and augment the risk of infection at the wound site. Nicotine inhibits normal platelet function, thus increases the risk of bleeding. Since lung secretions will rise after anesthesia, these patients have frequent reflex coughing, which in turn, may result severe chest pain and the risk of postoperative bleeding. Patients who quit smoking are less likely to experience all complications of anesthesia when compared to regular smokers.

The effects of smoking on the success of surgical and medical treatment of otolaryngological diseases have been evaluated in many studies, which report that smoking reduces the success rate of surgery by half, doubles the recovery time, and increases the likelihood of revision surgery by three times. Accordingly, it is purely evident that smokers will benefit less from surgery than non-smokers. There are advantages to postponing minor or non-emergency surgery to provide patients with the opportunity to quit smoking. Smokers who quit one month or more before surgery demonstrate lower risk of complications. Many companies around the globe impose a smoking ban on their employees, and some insurance companies do not cover the health expenses of smokers. Moreover, some surgeons refuse to perform a procedure on smokers since smoking increases the risks that the patient faces during surgery and lowers the success rate. In some countries, cessation of smoking at least one month before all surgeries is compulsory.

All the physicians, surgeons, nurses and families should support the patient to give up smoking at every stage of care, especially before the operation. It is more difficult to lay off smoking by reducing; the success rate of quitting by reduction is only 5% whereas that of those who quit at once hits up to 80%. Do yourself a huge favor and get rid of this addiction as soon as possible to live a long and healthy life with your loved ones.

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Received Date: 07 Feb 2023

Accepted Date: 23 Feb 2023

Published Date: 27 Feb 2023

Citation:

Kazkayasi M. Should We Delay or Reject Surgery in Patients Who is Smoking?. *Am J Otolaryngol Head Neck Surg.* 2023; 6(2): 1226.

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