

PERCEPTIONS OF HEALTHCARE PROFESSIONALS REGARDING OPTIMAL LENGTH OF SMOKING CESSATION FOR ADULT PATIENTS PRIOR TO AN ELECTIVE SURGERY

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Introduction: In 2010, the Centers for Disease Control and Prevention estimated nearly 45.3 million people in the United States are smokers. Twenty-one percent of the adult population in North Carolina are considered smokers. Because of the prevalence of this habit, the occurrence of an active smoker requiring surgery will undoubtedly occur.

Identification of the problem: There is little research and no clear-cut answers on the length of time of abstinence from smoking that is required to reduce complications and improve outcomes.

Purpose of the study: Multiple studies have shown that smoking has been associated with an increased risk of postoperative complications that may be preventable. Preoperative abstinence from cigarettes can reduce perioperative morbidity which includes pulmonary, cardiovascular, and wound-related complications. The perceptions of the surveyed healthcare professionals at a non-profit community hospital provided invaluable input for our study.

Methodology: The investigators conducted a Descriptive Correlation Design Study questionnaire based on a systematic literature review utilizing the Cochran Database, CDC, nursing and medical journals published from 2010 to 2012. Key words used: smoking cessation and surgery, role of providers in tobacco interventions, smoking and post-operative complications, surgical patient education related to smoking. 42 journal and research articles were reviewed. Of these, 13 were considered relevant to the research question. Physicians, physician assistants, nurse practitioners, and certified nurse anesthetists affiliated with a non-profit community hospital received a one page questionnaire containing one Open-Ended, two Dichotomous, and five Rating Scale questions. These questionnaires were coded alphabetically and numerically to identify the healthcare professional's title, area of practice, and to maintain confidentiality.

Results: A total of 258 questionnaires were mailed and 77 (30%) were returned. Responses of professional disciplines: NPs 7.8%, PAs 2.6%, CRNAs 6.5%, Anesthesiologists 2.6%, MDs 37.7%, Surgeons 42.8%. Expert opinion varied greatly based on the participant's specialty, type of surgery, and time frame of scheduled surgeries.

Discussion: 90% of the participants asked their patients about smoking. 80.5% tended to see value in smoking cessation prior to surgery. However, 58.4% expressed uncertainty or lack of clarity regarding optimal length of preoperative smoking cessation. An average of 42% had no response to the questions regarding benefits or complications of smoking cessation within 24 hours of surgery. Only 2.6% agreed that the current preoperative guideline of no smoking after midnight the night before surgery is sufficient for the elective surgical patient. These findings

suggest that further education and availability of teaching materials might be useful for clinicians, and in turn, patients.

Conclusion: Education of healthcare professionals and availability of preoperative smoking cessation materials are needed at our facility.

Implications: Awareness of inconsistent management of the preoperative smoker lends opportunities for collaboration between peri-anesthesia nurses and healthcare providers to improve patient outcomes.