Access to smoking cessation services may be a barrier to improving perioperative outcomes

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Background

• Smoking is the most important risk factor for post-operative complications and reduced long term survival following thoracic surgery $^1,^2$
• Patients believe HCPs should address smoking cessation and want it integrated into routine care $^3$
• Many patients smoke until surgery, but 80% of current smokers have tried to quit $^4$
Methods

• Online survey to healthcare professionals at 38 centres
• Asked about estimated prevalence of smoking in their patients, options for smoking cessation referral in their area, perceived success of those resources
• Advertised through mailing lists of professional bodies
Results

• 99 responses from 95% of surgical units
  – 52% lung cancer nurses
  – 23% surgeons
  – 12% from thoracic surgery specialist nurses
What smoking cessation services do you provide?

- 65% Community & hospital based referral
- 35% Community referral
What proportion of your patients smoke up to the date of surgery?

- 0-5%
- 6-10%
- 11-20%
- 21-35%
- 36-50%
- 51-100%
- Don't know
What proportion of your patients successfully stop smoking preoperatively?

- 0-20%
- 21-40%
- 41-60%
- 61-80%
- 81-100%
- Don't know
How long do patients need to stop smoking for before there is a clinical benefit?

- 2 weeks or less  22%
- 4 weeks or more  63%
- Not sure  15%

Do you think smoking cessation rates would be better with improved access?

- Yes 64%
Conclusions

• Across the country HCPs report above average prevalence of smoking
• Perioperatively poor success in smoking cessation
• All centres refer to community services
• HCPs believe access to services could improve quit rates
Implications for practice

• Re-think smoking cessation delivery for thoracic surgical patients
  – Integrate into existing contact points

• Deserving of research as to optimal delivery
  – Provision of adjuncts
Thank you

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References


