

SBO TOBACCO CESSATION

Top Reasons to Consider Tobacco & Smoking Cessation in Orthopaedic Surgery

South Bend Orthopaedics recognize active tobacco smoking is a significant surgical patient safety risk factor for adverse peri-operative surgical events. Orthopaedic patients who are active smokers can reduce their risk of adverse surgical events by ceasing cigarette use prior to surgery. Quitting smoking and the use of other tobacco and/or nicotine products is a great way to improve your health and the health of those around you. Deciding to quit smoking is the first step toward being a nonsmoker. Our goal is to provide you with the knowledge to hopefully empower you to make the first step to stop smoking... to decide to stop smoking. As you begin working toward your goal, keep in mind that half of all people who ever smoked do actually quit. You can do it, too! So what does smoking tobacco do...

- **Damages Your Heart and Blood Vessels.** Regular cigarette use has long been known to be a leading cause of cardiopulmonary disease (coronary artery disease, stroke, peripheral vascular disease, and COPD)
- **Smoking Causes Cancer.** Smoking has known carcinogenic effects and is a leading risk factor for multiple types of cancer (lung, bladder, cervix, oropharynx, colon, and esophagus)
- **Loss of Life.** Smokers lose, on average, more than ten years of life expectancy relative to nonsmokers
- **Increases Risk of Stroke.** Smoking increases the risk of stroke by narrowing the arteries in the brain and the carotid arteries of the neck that lead to the brain. All arteries are highly susceptible to the vasoconstrictor effects of nicotine as well as the increase of clots and clogging risks posed by smoking
- **The Financial Cost of Smoking.** Financial savings can be an important reason to quit. You may be surprised to see how much smoking really costs you. On the chart that follows, find the number of packs you smoke each day. Then, check your average cost for a year. The average costs listed above do not show your full financial savings from quitting. They do not include possible savings from lower insurance premiums, fewer visits to the doctor, fewer missed days at work, and lower expenses for cleaning or replacing burned clothes and furniture. If you quit smoking, you should be able to buy yourself a very nice reward with the money you save.
- **Second-Hand Smoke Hurts Your Friends and Family.** Cigarette smoking not only affects the quantity and quality of the smoker's life but also the lives of people who are exposed to second-hand smoke. Even small amounts of involuntary exposure to cigarette smoke can increase a non-smoker's risk of cardiopulmonary disease and cancer.
 - o Second-hand smoke exposure in non-smokers leads to a 25-30% increased risk of heart disease and stroke causing nearly 34,000 premature deaths from heart disease and 8,000 deaths from stroke each year
 - o Second-hand smoke increases the risk of lung cancer by 20-30% leading to more than 7,300 deaths annually
 - o For infants and children, exposure to second-hand smoke is a leading cause of asthma attacks, respiratory and ear infections, and sudden infant death syndrome (SIDS), and a direct contributor to preventable infant and child deaths in the U.S
- **Tobacco Exposure, Both Directly Through Smoking And Passively Through Second Hand Smoke Inhalation, Has Been Shown To Have Detrimental Musculoskeletal Effects Including:**
 - o Increased bone loss and lower bone mineral density (BMD) that directly correlates to tobacco exposure
 - o Increased risk of osteoporosis-related fractures that directly correlates to tobacco exposure
 - o Nonunion of diaphyseal (humerus, femur, tibia) fractures
 - o Increased chronic musculoskeletal pain including neck and low back pain
 - o Increased incidence of inflammatory, autoimmune diseases such as rheumatoid arthritis and systemic lupus erythematosus which can cause devastating musculoskeletal system injuries including fractures and joint destruction
- **Smoking Negatively Influences The Outcome Of Orthopedic Patients Following Surgery Including:**
 - o Increased risk of adverse surgical events following total hip and knee replacement (impaired wound healing, surgical site and deep wound infections, and pneumonia)
 - o Increased 30-day post-operative morbidity and/or mortality (increased ventilator needs, myocardial infarction, cardiac arrest, stroke, sepsis, blood loss, need for transfusion, and death)
 - o Increased risk of delayed union, nonunion, decreased patient satisfaction, reconstructive soft tissue flap failures, and need for reoperation

Yearly Financial Savings	
Packs per Day	Average Cost
½	\$1,128
1	\$2,256
1-1/2	\$3,384
2	\$4,511
3	\$6,767

Average cost is based on a national average retail price per pack of \$6.18 (which includes statewide sales tax but not local cigarette or sales taxes).

- Increased risk of amputation with diabetic and vascular foot ulcers
- **Smoking Cessation Prior To Surgery Benefits Orthopedic Patients And Reduces Aforementioned Risks.** You must quit at least 6 weeks prior to surgery given risk of increased pulmonary complications with recent cessation.
 - Non-smokers face the lowest risk of adverse surgical events following elective surgery, but even people who quit smoking weeks or months before surgery appear to reduce their risks, particularly if they do so one year or more pre-operatively
 - Smoking cessation prior to age 40 reduces the risk of dying from smoking-related disease by 90%, underscoring the need for early, effective cessation interventions.
 - Longer-term cessation reduces risk of fragility fractures and their risk

What Difference Does Stopping Make?

<i>Within 20 Minutes After Your Last Cigarette...</i>	Your body begins a series of changes that continue for years
<i>20 Minutes After Quitting...</i>	Your heart rate drops.
<i>12 Hours After Quitting...</i>	Carbon monoxide level in your blood drops to normal
<i>2 Weeks To 3 Months After Quitting...</i>	Your lung function begins to improve.
<i>1 To 9 Months After Quitting...</i>	Your coughing and shortness of breath decrease.
<i>1 Year After Quitting...</i>	Your added risk of coronary heart disease is half that of a smoker's.
<i>5 Years After Quitting...</i>	Your stroke risk is reduced to that of a nonsmoker's 5-15 years after quitting.
<i>10 Years After Quitting...</i>	Your lung cancer death rate is about half that of a smoker's. Your risk of cancers of the mouth, throat, esophagus, bladder, kidney, and pancreas decreases.
<i>15 Years After Quitting...</i>	Your risk of coronary heart disease is back to that of a nonsmoker's.

Strategies for Quitting. Several nicotine-replacement products are available to help patients quit (e.g. over-the-counter nicotine patches, gum, and lozenges, as well as prescription patches, inhalers, and nasal sprays). Pharmacologic treatments are also available (non-nicotine prescription medications such as bupropion SR (Zyban) and varenicline tartrate (Chantix)). The use of electronic cigarettes—providing a vaporized form of nicotine—has rapidly increased in recent years, among smokers trying to quit, as well as non-smokers seeking a cigarette substitute. E-cigarettes are readily available and currently unregulated. While specific evidence regarding the effects of e-cigarettes on musculoskeletal health and surgical outcomes is evolving, concerns are raised about their safety. Many of the known, harmful health effects of tobacco smoking are potentiated by nicotine, also the primary component in e-cigarettes. Electronic cigarettes (also called e-cigarettes or e-cigs) are a newer product that is not regulated or approved by the U.S. Food and Drug Administration (FDA) and should not be used. Remember that other tobacco products (for example, smokeless tobacco, snus, orbs, strips, sticks, hookahs, cigars, and pipes) are not safe alternatives to smoking cigarettes. All of these are associated with serious health problems, including cancer.

Help From Your Primary Care Doctor

Your doctor wants to help you develop a plan for quitting that meets your needs. Don't hesitate to ask for that support. Your doctor's help can be especially important if:

- You have tried to quit on your own and been unsuccessful.
- You have had serious problems coping with nicotine withdrawal symptoms.

Counseling and Quit-Smoking Programs

Counseling and support can help you learn how to live a tobacco-free life. Counseling advice from your doctor will help, but you may also want to join a group quit-smoking program. Studies show that the more counseling you get, the greater your chances of successfully quitting smoking. Local hospitals, health centers, and a variety of health organizations offer quit-smoking programs. Ask your primary care physician to recommend a program for you. Your local health department may also have information on programs in your area. Telephone quitlines can be very helpful to people who are trying to quit smoking. You can get free counseling over the phone by calling 1-800-QUIT-NOW (1-800-784-8669).



Phone: 574.247.9441 • Fax: 574.247.9442 • www.sbirtho.com

RESOURCES FOR SMOKING CESSATION

National Network of Tobacco Cessation Quitlines
1-800-QUIT-NOW (1-800-784-8669)

American Academy of Family Physicians (FamilyDoctor.org)

Quit Smoking Guide. https://www.aafp.org/dam/AAFP/documents/patient_care/tobacco/stop-smoking-guide.pdf

Tobacco Addiction

<http://familydoctor.org/familydoctor/en/diseases-conditions/tobacco-addiction.html>

Centers for Disease Control and Prevention

Quit Smoking

www.cdc.gov/tobacco/quit_smoking/

How to Quit

www.cdc.gov/tobacco/quit_smoking/how_to_quit/

Tips From Former Smokers

www.cdc.gov/tobacco/campaign/tips/

U.S. Department of Health and Human Services

<http://smokefree.gov/>