

Tobacco Cessation Prior to GYN Surgical Referral

Diagnosis/Definition

- ☐ Nicotine is a vasoconstrictor that reduces nutritional blood flow to the epithelium, resulting in tissue ischemia and impaired healing, which leads to poor gynecologic outcomes
- ☐ Tobacco abuse is a major health problem in Alaska Native people, as 44.4% of Alaska Natives smoke versus 21.0 % of non-Natives smoke tobacco. It has been noted that Alaska Native Medical Center (ANMC) had unacceptably high rate of post-op complications, e. g., pneumonia and wound site infection. Eighty seven percent of ANMC's pneumonia cases occur in active/former smokers or current owners (CO) with smoking- related chronic lung disease. In response tobacco cessation has been effectively implemented in various surgical services at ANMC, which have resulted in improved health outcomes and lower costs.
- ☐ The following information does not apply to pessary fittings or numerous non-reconstructive managements.

Specialty Care Referral

To be completed prior to placing referral:

- ☐ Complete women's health exam
- ☐ Confirm that cervical cancer screening is up to date. If not, obtain pap smear
- ☐ Provide comprehensive cervical screening history
- ☐ Tobacco use history

Indications for Referral

All patients should be encouraged to quit tobacco use for 8 wks, but the following applies to:

- any cases involving retained non-biologic material, e. g., TVT, TOT, mesh
- pelvic reconstruction, e. g., USLS, perineoplasty, SSLS, combined anterior/posterior colporrhaphy
- abdominal sacrocolpopexy
- rectal sphincteroplasty, fistula repair

The pre-op setting may be a good time to quit.

- ☐ Teachable moment
- ☐ Surgery as a lever
- ☐ 75% of smokers want to quit
- ☐ Most have tried to quit already
- ☐ Those who succeed usually have tried to quit multiple times
- ☐ Must quit while in hospital anyway

Provider Information

How to implement:

Tobacco cessation should be mentioned to the CO as soon a surgical intervention is anticipated. This includes both smoking and chew tobacco.

The CO should be abstinent from tobacco use for eight weeks prior to the surgery being scheduled. *

Chronic Obstructive Pulmonary Disease screening

- Long term smoker > 40 years old
- Screening be done in village
- Results sent electronically to ANMC Pulmonary Dept.
- All patients with COPD should be on dual inhalers before and after surgery.

Nicotine / cotinine testing

-Ordered on selected patients only

-Testing option should be mentioned to patient at onset of tobacco cessation for surgery

(The CO needs to be off Nicotine replacement for 3-5 days for test to be negative)

Tobacco Cessation Counseling

The CO can be referred through Cerner to:

-SCF Tobacco Cessation / Health Education, 729 2689

-ANTHC Tobacco Cessation, 729 4565

At regional Field GYN Clinics

-Contact Regional Tobacco Cessation programs

* A 4–8-week duration of abstinence can be utilized by the GYN surgeon on a case-by-case basis.

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