



NEUROSURGERY AND SPINE

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WHY WE ADVISE YOU TO QUIT SMOKING BEFORE SURGERY (and to quit using any nicotine containing substance)

Everyone knows that smoking is bad for our health. Most people who worry about the effects of smoking worry about Cancer, Heart Disease or Stroke, but forget about the effects of smoking on the rest of the body. As Dr. DenHaese and Mr. Beang treat you for your neurosurgical condition and perhaps recommend surgery, they will advise you to quit smoking and the use of nicotine containing products before and after surgery and even if you are not going to have surgery.

If you will be having surgery, a discussion of the risks associated with your continuing to smoke, be exposed to second hand smoke or use nicotine products will be clearly discussed with you.

SMOKING NEGATIVELY AFFECTS BONE HEALTH AND REPAIR AFTER INJURY OR SURGERY

Smoking and the use of any nicotine product weakens bones in several ways, including:

- Reducing the blood supply to bones
- Slows the production of bone-forming cells (osteoblasts) so that they make less bone.
- Decreases the absorption of calcium from the diet. Calcium is necessary for bone mineralization, and with less bone mineral, smokers develop fragile bones (osteoporosis).
- Breaks down estrogen in the body more quickly. Estrogen is important to build and maintain a strong skeleton in women and men.

SMOKING NEGATIVELY AFFECTS INCISION HEALING AND RISK OF INFECTION

Cigarettes, cigars, chewing tobacco and nicotine gum/patches **impair incision healing.**

Cigarettes, cigars, chewing tobacco and nicotine gum also **increase the risk of infection** after injury or surgery.

Nicotine patches **do not** increase the risk of wound infection

SMOKING, SECOND HAND SMOKE AND ANESTHESIA

Smoking does several things anesthesiologists are concerned about when they have to put a patient to sleep for surgery. These concerns include:

- Smoking increases the amount of carbon monoxide in the blood. This decreases oxygen supply and makes the heart work harder to deliver oxygen to the body.
- At the same time as decreasing the body's ability to supply oxygen, nicotine increases the amount of oxygen that the body needs.
- Smoking also affects the lungs, increasing the amount of mucus secreted while at the same time decreasing the ability of the lungs to clear these secretions.
- Smoking causes the small airways in the lungs to be narrowed and more prone to collapse, increasing susceptibility to pneumonia, chronic cough and the chance of pulmonary complications.

WE ADVISE YOU TO QUIT, RECOGNIZING THE DIFFICULTY—SO HERE ARE SOME TIPS

If second hand smoke is the concern, ask your family members to begin smoking outside of the house for before surgery and for at least 4 months after surgery.

If you are a smoker or use any form of nicotine, including chewing tobacco, we ask that you quit and stay quit after surgery.

**After surgery, when you are recovering, experience pain, or are bored without your normal activity, you may actually begin to smoke more if you do not really make quitting a priority.

If you absolutely MUST keep smoking, please try to limit the amount you smoke before and after surgery.



One "trick" which may work is to allow yourself your usual number of packs per day or week BUT cut the cigarettes in half and place them back into the pack. Only smoke the remaining half when you desire a cigarette so that your "habit" of smoking will still be met, but your nicotine will be cut in half. DO NOT BUY OR ASK YOUR FAMILY TO BUY MORE.

If you feel you wish to quit and will be using a nicotine substitute, remember that nicotine still affects bone growth, incision healing, and risk of infection so try to use as low a dose as possible to keep you from smoking.

HELP IS ALSO AVAILABLE THROUGH THE NY STATE SMOKERS' QUITLINE

1-866-697-8487

www.smokerfree.com

You can obtain assistance with nicotine patch costs and request coaching calls during your pre and post op period to help you quit and stay quit from smoking, tobacco and nicotine use.