



## AMERICAN SOCIETY OF PLASTIC SURGICAL NURSES

### *INTRODUCTION*

The American Society of Plastic Surgical Nurses The American Society of Plastic Surgical Nurses (ASPSN) advocates discouraging the use of all tobacco products and supports evidence-based smoking cessation programs. In a chapter of the American Society of Plastic Surgeons Patient Consultation Resource Book, (Jewell, 2000) states “Virtually all organ systems including the unborn are affected by exposure to tobacco. Within the specialty of surgery, smoking can dramatically influence the goal of uncomplicated wound healing.” Smokeless tobacco also causes cancer of the mouth, esophagus, and pancreases and is associated with diseases of the mouth. Because tobacco use accounts for 30% of all cancer deaths annually and can dramatically influence wound healing in surgical patients, the ASPSN advocates discouraging the use of all tobacco products and supports evidence-based smoking cessation programs.

The number of those who are using e cigarettes is growing exponentially. Ironically, very little information exists regarding the safety of this practice. The e cigarette may deliver nicotine in concentrations below or well above that of cigarettes; moreover, the flavorings and additives contained within the e cigarette fluid bear unknown health ramifications. Confounding the issue are the facts that e cigarettes are regulated only as a consumer device, not as a pharmaceutical agent or as a food (The FDA is currently attempting to gain tobacco authority to cover e cigarettes) and wide variation in e cigarette product engineering and nicotine delivery is seen in all markets.

### *RATIONALE*

Supporting healthy lifestyles and behaviors and encouraging smoking cessation is consistent with the mission of the American Society of Plastic Surgical Nurses. Plastic surgical nurses are in the position of utilizing evidence-based practice to promote patient safety, healthy lifestyles and optimize patient outcomes. Indeed, the practice of diligent smoking cessation and the use of other nicotine containing products supports the spectrum of plastic surgical specialties from aesthetic to reconstructive medicine.

Because the number of those using e cigarettes is growing, the ASPSN must recognize the importance of addressing e cigarette usage among our patients. Our organization acknowledges the risk nicotine poses as a potent vasoconstrictor and we counsel against nicotine usage as it adversely affects the scope of our population. Because e cigarettes have not been uniformly regulated and are not adequately studied, the ASPSN would be well advised to err on the side of prudence and advocate a position regarding e cigarettes as commensurate to cigarettes.

#### *AMERICAN SOCIETY OF PLASTIC SURGICAL NURSES RECOMMENDATIONS*

- People that are having elective (non-emergent) plastic surgery should not smoke
- Identify patients with respect to tobacco use status “never”, “former”, “active” including pack-years.
- If a non-smoker, the patient should be asked about household smokers.
- Cotinine testing is a useful means of confirming cessation compliance before elective surgery, Rinker, B., 2013, p. 603.
- Discussion of the dangers of smoking should be done in consultation with the patient (increased risk of skin necrosis, wound dehiscence, postoperative infections, and potential for poor result with bad scars)
- Patients should be asked about the use of smokeless forms of tobacco including chewing tobacco, snuff, snus, and dissolvable forms of tobacco.
- Patients should be questioned about the presence of co-morbidities that could exacerbate the effects of smoking including chronic cough and COPD.
- Preoperative smoking cessation should be recommended; the length of time is variable and physician dependent.: 1 day to 4 weeks preoperatively and 5 days to 4 weeks postoperatively, (Krueger, J. & Rohrich, R, Sept 2000, p.1070)
- The plastic surgical nurse should be a patient advocate and should educate the patient about options available to aid in smoking cessation.
  - Counseling and behavioral interventions
  - Nicotine replacement (gum, transdermal patch, nasal spray, inhaler and sublingual tablets/lozenges)
  - Drugs such as Zyban and Chantix
- Nicotine gum releases nicotine slowly and is absorbed through the mucous membrane of the mouth based on how often the gum is chewed and can be regulated by the smoker.
  - For best results, instruct the user to follow the instructions in the package as to how and when to chew the gum. The product should be used for 6-12 weeks with the maximum being 6 months.
  - Tapering down the amount of gum used at 3 months helps eliminate the need to use it.

- Do not suddenly stop using the gum without a doctor's approval because serious withdrawal symptoms may occur
- Do not smoke or use tobacco products while using the gum
- E-cigarettes are an alternative to tobacco usage
  - E cigarettes are not a safe alternative to tobacco usage.
  - E cigarettes should be regarded as cigarettes.
  - Counsel e cigarette abstinence as you would counsel cigarette abstinence as you perform patient teaching.

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**DISCLAIMER**

**These clinical practice guidelines and/or recommendations and/or other guidance published herein are provided by the American Society of Plastic Surgical Nurses to assist practitioners in clinical decision-making. The information should not be relied upon as being complete and should not be considered inclusive of all proper treatments, methods of care, or as a statement of the standard of care. All guidelines and recommendations require periodic revision to ensure that clinicians utilize appropriate procedures, and that the materials encompass the recent critical review of**

**literature and expert opinion. The reader must realize that clinical judgment may justify a course of action outside of the recommendations contained herein.**

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