

Episode 13 – Stopping Smoking Before Surgery

(Intro) Aislinn: Do you have upcoming surgery? Are you feeling a little bit overwhelmed? Then this is the podcast for you. Welcome to Operation Preparation. You are listening to the Pre Anaesthetic Assessment Clinic podcast, or PAAC for short, from St. James's Hospital in Dublin. Here we put together a series of short episodes to help you, your family and your loved ones learn more about your upcoming perioperative experience.

Pam: Welcome to Episode 13, the first episode of Season 3 of Operation Preparation, and joining you here today are Pam, Clinical Nurse Specialist, and Consultant Anaesthetist, Alan Broderick.

We would also like to thank the Spark Seed Innovation Fund, who have made the recording of Season 3 and 4 possible for all our listeners. Today, we are joined by CNS Carmel Doherty, Smoking Cessation Nurse, who is going to tell us all about smoking cessation or how to quit smoking. So maybe Alan, you can start with some questions.

Alan: Great, so Carmel, can you explain to us the role of a smoking cessation nurse?

Carmel: Well, Alan, the role is multifaceted, but one of my roles is to help patients quit by providing personalised support. So that is by creating a quit plan, guiding them on using medication like nicotine replacement therapy. And I offer one-to-one counselling, and that can be in person or over the phone. And I help patients develop motivation because that's hugely important in quitting smoking. And I help them manage their withdrawals and ultimately, hopefully help them to stay smoke-free.

Alan: And how can a patient be referred to a smoking cessation service?

Carmel: In the hospital setting, the multidisciplinary team can refer the patient to the stop smoking service in a hospital. In the community setting, the patient themselves can link in directly with the Stop Smoking Clinic. They can see the contact details on quit.ie, or they can free phone the national quit line number on 1800 201 203.

Pam: So Carmel, can you tell us what are the benefits to smokers who quit before their operation?

Carmel: Well, Pam, there is lots of benefits and it's probably one of the best things you can do for your health. And it's never too late to stop smoking and the benefits are immediate. So quitting before your operation, it reduces your risk of serious complications such as a heart attack, lung problems, infections and blood clots, and therefore leading to a safer surgery. And there's less chances that you will get a chest infection or have breathing difficulties following your anaesthetic. And also your time in the recovery room and your hospital stay will be shortened.

Alan: And Carmel, how does smoking increase the risk of lung problems after surgery?

Carmel: Well, smoking can affect how your body manages medications, and this can lead affect your anaesthetic. So after surgery, you will be at a much greater risk of having breathing difficulties or getting a chest infection. And this is because that there's a lot of tar and poison and tobacco smoke that can irritate your lungs and make it harder for them to clear out mucus. So if you smoke, you may need to spend longer in the recovery room and you may need more oxygen. And this is because that the carbon monoxide that's in tobacco smoke robs the blood of oxygen. But if you quit before your surgery, the good news is that your oxygen levels will return to normal and you'll get better faster.

Pam: That's very interesting, Carmel. And tell me, why does smoking cause poor wound healing?

Carmel: Well, when there's not enough oxygen and nutrients reaching your wound, your healing will be much slower and poor. And carbon monoxide in tobacco smoke is a part of the ingredient in a cigarette that robs the blood of oxygen.

Alan: So how soon should a smoker stop before their operation to see benefits?

Carmel: Well, to prepare for an operation, ideally you should quit smoking as early as possible. So ideally we recommend four to six weeks before surgery. But even if you can only manage to give up for a short time before your operation, you will see benefits and you will recover quickly.

And as Alan, I think you mentioned in episode 6, stopping even 24 hours before surgery can reduce your blood pressure by 20%.

Pam: So there are clear benefits, Carmel, to stopping smoking before surgery. And so with all that in mind, what are your top stop smoking tips for pre-op patients, as lots of smokers want to stop, but they don't think they have the willpower to quit?

Carmel: Well Pam, the most important thing is motivation, the smoker has to want to give up smoking and only they can do it. Unfortunately, there is no magic cure, but thankfully, there's a lot of support available for anybody who wants to quit smoking. And when it comes to willpower, well, that's just wanting something really badly enough. And if you really want to quit, go for it.

So to help get you motivated here is a list of tips to help you along. I think preparation is really, really important. I would always recommend smokers to maybe write out a list of why you want to quit smoking. When you quit, then you can keep these reasons at hand. And they're what are will help you through it and make you realize that it's really is worth the effort. I always encourage smokers also to make a date to stop smoking and to stick with it, because otherwise it's like kicking a can down the road. It's next Monday and maybe the quit date never arrives. And then when you have a quit date set, you can use the days between then and now to plan and prepare for stopping. I think when you know and set your quit date, quitting means it means not even a puff of a cigarette, because even a small slip can trigger more cravings.

I would always recommend people to also ask their doctor, their GP, pharmacist or a stop smoking advisor about proven and licensed medications that can help you quit.

Another suggestion would be to keep maybe a smoking diary for a few days where you can note when and where you smoke and how much you feel for each cigarette. For example, when you're having a coffee, how much did you need to smoke and how much did you enjoy that cigarette? And this provides really good clues from your diary to plan what you're going to do when you give up cigarettes and how you're going to cope in those situations.

The night before you give up cigarettes, I would recommend throwing away all your cigarettes, ashtrays, lighters and matches so that you're prepared and ready for the fresh start on your quit date. Family and friends can be a great support, so tell them that you're quitting smoking and why it's so important for you to do it before your operation and get their help.

When you stop smoking, take it a day at a time, an hour at a time. You know, stopping smoking is difficult and it can be challenging, but if you set short term goals, it can be more manageable. Plan some treats with the money you save. Maybe you'll treat yourself at the end of the first day or plan a treat at the end of the week or the end of the month. And more importantly, get help to stop smoking because getting the right help can double your chances of success.

Alan: And Carmel, what kind of help is available to smokers who are ready to quit?

Carmel: Well, thankfully, Alan, there's a lot of support now for smokers who want to quit smoking, either in hospital services or in quit smoking clinics in primary care centres throughout the country. And you can get contact details of all stop smoking services on quit.ie. Smokers can also contact the free phone quit line. It's a national stop smoking quit line for support and that number is 1800 201 203.

Pam: Cravings can be strong, particularly in the early stages of quitting. What can smokers do to help alleviate them?

Carmel: Well, I always recommend people to change their routine and avoid people or places that might tempt you to smoke. Now, a strong craving, that can last for three to five minutes, but it will pass. And the good news is that the longer you're off cigarettes, the cravings will lessen in their frequency and they will feel less intense. And people tend to learn how to cope with these cravings over time.

Now, there's a few effective strategies that I would recommend, and we call them the four D's, and that is delay for a few minutes. That urge will go away. Try and distract yourself and keep yourself as busy as possible so you can stop yourself thinking of that cigarette. Drink water or have juice, have a piece of fruit or a hard-boiled sweet to replace that hand-to-mouth habit of smoking. And then take a deep breath and slowly breathe out. It's a really good technique if you feel a bit stressed.

Pam: They're great tips, Carmel, but what are the common withdrawals a smoker should expect?

Carmel: Well, I think most people do experience some nicotine cravings and withdrawal symptoms when they give up smoking. And they can be uncomfortable, but they are temporary. And most people will experience some of them, but not all of them. And the most common ones are a cough. And sometimes this is a sign that your body is starting to heal as it clears out the mucus that's built up in your lungs. Now, if you don't get a cough, don't be concerned. Your lungs will still clean themselves out. Some smokers experience feeling lightheaded and that can last for about one to two days. And again, that's your body getting used to the extra oxygen.

Alan: So that's a really good sign, particularly for someone preparing for surgery?

Carmel: Yes. And your energy also will increase because there's more oxygen getting into your bloodstream as that carbon monoxide leaves your body. Some other withdrawals would be sleep disturbances, and they usually stop after two to three weeks. A few suggestions that I would recommend to improve your sleep would be trying to reduce your caffeine intake in the evening, take a nice bath or read a book before bedtime and try and stop screen time, maybe an hour before bedtime. Headaches can also be common, and that's just the nicotine withdrawing from the body. Again, that usually stops within three to four weeks.

Pam: And would you have any advice, Carmel, on how to reduce the headaches?

Carmel: Try and drink maybe extra water, eat regularly and try regular exercise. Another kind of, I suppose, common withdrawal also is kind of maybe feeling a low mood, feeling irritable and a sense of anxiety when you quit smoking. But these feelings are temporary and generally people feel much better within four weeks.

Alan: What would you recommend to a smoker who is feeling irritable or down?

Carmel: Well, first of all, I think giving up cigarettes is one of the most important things you can do. So congratulate yourself for coping with life without a cigarette. Ask others to understand and be patient. Be kind to yourself. Do things that make you feel good. You can relax with activities you enjoy like walking, swimming or listening to music, reading or gardening. Again, try some nice relaxation techniques or deep breathing exercises, like, for example, take some nice deep breaths for about 20 seconds.

Pam: So, Carmel, weight gain is a common concern of smokers when giving up smoking. Have you any tips to avoid weight gain?

Carmel: Well, indeed, it can happen, especially if you confuse the cravings for nicotine with cravings for food and you start replacing smoking with snacking. And you have to remember food tastes much nicer when you quit as you get your sense of smell and taste back. So if you're worried about gaining weight, I would recommend eating three balanced meals a

day. Breakfast being the most important meal of the day. Try drinking plenty of water or low calorie drinks. And have healthy snacks at hand. And again, try to exercise every day.

Alan: Carmel, what stop smoking medication are available to smokers?

Carmel: Well, quitting smoking can be really tough and it is an addiction. And nicotine is the ingredient in cigarettes that make them addictive. But by using stop smoking medication, it can make it much easier. And these products help by managing the cravings and withdrawal symptoms. And they give you a much better chance to stay smoke free. So there is nicotine free medication and then there's nicotine replacement therapy.

Pam: And what does nicotine replacement therapy do, Carmel?

Carmel: Well, nicotine replacement therapy give your body smaller doses of nicotine to help ease the cravings in a safer way. So you can get them in different forms. There's patches, gums, sprays or lozenges. And research shows us that using a combination of nicotine replacement products can give you a better chance of success. So nicotine has been safely used in stop smoking products for decades. And this is because the nicotine on its own doesn't cause cancer, lung disease or heart disease or strokes. It's the other chemicals in a cigarette that cause much of the damage.

Alan: Where could somebody get nicotine replacement therapy?

Carmel: Well, you can get nicotine replacement therapy free when you sign up to a stop smoking program by contacting a stop smoking advisor directly in the community or getting a health professional to refer you to a hospital stop smoking service. And as I mentioned earlier, the details are available on quit.ie or again, there's the quit line on 1800 201 203. If you have a medical card, you can contact your GP and all nicotine replacement products are free to medical cardholders.

Pam: I've met smokers who have tried nicotine replacement therapy or NRT in the past without success. What would you suggest for them?

Carmel: Well, if you've tried before, don't give up using again. It's a common problem that many people may not have used it properly in the past or didn't use it for long enough, which can cause the cravings to return. And it's recommended now that most smokers should use a combination of nicotine replacement. So some smokers in the past might have only used a single form of nicotine replacement.

Alan: How does a person decide what combination to use and what strength?

Carmel: Well, I recommend them first to discuss it with their GP doctor or their local pharmacist or stop smoking advisor. But research shows that by taking a combination of a fast acting source like mouth spray, lozenges or gum with a slow acting source of nicotine like the patch will double your chances of success. Now, the strength will depend on the amount of cigarettes smoked.

Pam: And Carmel, you mentioned earlier about nicotine free medication. What can you tell me about that?

Carmel: Well, these medications are available only on prescription. So I'd recommend you contact your own GP to discuss whether these medications are suitable for you. But most work by blocking the effects of nicotine in your brain. So making smoking less enjoyable and they reduce the cravings and withdrawal symptoms. So you need to make an appointment with your GP before you plan to give up smoking as some of these medications you need to take before your quit date.

Alan: How long should you stop smoking products?

Carmel: Well, many people don't use stop smoking products for long enough. So which can cause the cravings to return. So the general advice is to use nicotine replacement therapy and other stop smoking medications for at least 12 weeks and longer if needed. Some people may need to take more time, and that's OK, because the longer you use stop smoking products, the more confident and prepared you'll feel. Quitting smoking is a process, not a race. So it's important you give yourself the time to succeed.

Pam: And Carmel, we see a lot of people vaping today. Is vaping recommended as a way to stop smoking?

Carmel: Well, we have national clinical guidance on stop smoking care, and they're not confident that vaping is safe and effective after they reviewed the studies on vaping as a stop smoking support, when you compare it to licensed stop smoking medication, as I mentioned previously.

Alan: What advice would you give to a smoker who thinks it's too late for them that the damage is probably already done?

Carmel: Well, it's never too late to quit smoking. And once you quit, as I mentioned earlier, the benefits start straight away. And even after a year, you will have cut your risk of a heart attack by half.

Pam: So, Carmel, relapse is common when trying to quit smoking. How can smokers stay off cigarettes?

Carmel: Relapse is indeed common, and most smokers will try a number of times before they'll quit successfully for good. But each quit attempt is a learning experience rather than a failure. And you learn a lot from each quit attempt.

But some tips I recommend to help people avoid relapses would be to be very careful around alcohol. Even a few drinks can make you forget that you have quit and weaken your willpower. Remember not to have a puff of a cigarette as having one puff can lead to more. And this is due to the nicotine receptors being stimulated. And that feel good endorphins being released. I'd encourage people to stay positive, especially when you feel tired or stressed and are tempted to give in. Remember how far you've come and why you quit.

Alan: That's also great to know and there's so much to take in there from such an informative episode. So we'll go over some key takeaway points for today.

As a smoker, the best thing you can do for your health is to quit smoking. And it's never too late to stop smoking as the benefits are immediate. Quitting reduces your risk of serious complications such as heart attack, lung problems, infection and blood clots, leading to a safer surgery. There's a lower chance that you'll get a chest infection or of having breathing difficulties following the anaesthetic. Your time in the recovery room and your overall hospital stay will be shortened. Also, your wound will heal better and quicker.

Our current national clinical guidelines on stop smoking care are not confident that vaping is safe. And finally, getting the right help can double your chances of success. And if you stop smoking for 28 days, you are four times more likely to succeed in quitting for good.

Pam: Thank you for listening in today. Stay tuned for episode 14, where we will have guest speaker, Consultant Anaesthetist Ben and our very special guest, patient Grace, to tell us more about what is Regional Anaesthesia.

(Outro) Aislinn: You have been listening to Operation Preparation, the Pre Anaesthetic Assessment Clinic podcast from St. James's Hospital, Dublin. Don't forget to subscribe and check out our website, links and abbreviation in our show notes to learn more about the topics we've covered today. If you have a question that you would like us to cover here, email us at operationpreparation@stjames.ie. Thank you for listening. Until next time.