



JACOB GERZENSHEIN, MD, FACS
Board Certified Plastic Surgeon

4429 Florida National Drive
Lakeland, FL 33813

863.647.2200 phone
888.854.1888 fax

SMOKING & SURGERY

The goal of aesthetic surgery is to improve appearance. In some cases, as a trade-off this involves inconspicuously places incisions, in other cases a desired result may be obtained through a minimal incision. In any case, smoking undermines both efforts to produce an aesthetically pleasing outcome by impairing blood flow to healing tissues, in some instances causing significant compromise of the operated tissue and/or soft tissue loss, in all cases causing a substantial delay in healing. It makes no difference if the smoke is second hand, or the nicotine is delivered via a different vehicle. A nicotine patch, tobacco chew, or nicotine gum may not affect the pulmonary system, but vascular compromise is just the same. What this translates into is a possible loss of skin, fat and sometimes muscle at the edges of the incision, internal, and external, a poor quality of scar both inside and outside, possibly even keloid on the outside, and a tough fibrous scar/capsule on the inside, and an increase in the amount of time spent recovering. Specifically performing a facelift on a smoker may cause patches of skin loss in the front and back of the ear, hair loss if taken up to a forehead lift, noticeable wide, firm or discolored scarring in the front of the ear and hairline, and wound breakdown. Placement of breast implants in a smoker is associated with a significant increase in the rate of capsular contracture (increased firmness, and distortion of the implants), and delayed healing. Breast lifting or reduction may result in the loss of nipple requiring nipple reconstruction, and loss of portions of the breast skin and fat necessitating grafting or flap reconstruction, the same is true of the abdominoplasty (tummy tuck), in addition fat necrosis in both may lead to firm lumps that persist for months. Wound breakdown can lead to the nuisance of wound care with healing taking up to six months. Because facelift surgery is associated with wide flap dissection, in some instances skin and fat only type flaps, loss of facial skin is a real and devastating problem, substantially more common in smokers. In many cases the complications may require surgical intervention, adding even more downtime and aggravation. To diminish the effects of smoking and nicotine on surgery and healing a minimum of six weeks of abstinence is necessary.

Smoking, Second-Hand Smoke Exposure, Nicotine Products (Patch, Gum, Nasal Spray)

Patients who are currently smoking, use tobacco products, or nicotine products (patch, gum, or nasal spray) are at a greater risk for significant surgical complications of skin dying and delayed healing. Individuals exposed to second-hand smoke are also at potential risk. These are attributable to nicotine exposure. Please indicate your current status regarding these items below:

_____ I am a non-smoker and do not use nicotine products. I understand the potential risk of second-hand smoke exposure.

_____ I am a smoker or use tobacco / nicotine products. I understand the risk of surgical complications due to smoking or use of nicotine products.

It is important to refrain from smoking at least 6 weeks before surgery and until your physician states it is safe to return, if desired.

I have read the above information and have been informed of the issues of primary and secondary smoke.

Patient Signature: _____ **Date:** _____

Witness Signature: _____ **Date:** _____

Physician Signature: _____ **Date:** _____