

69. THE IMPACT OF PREOPERATIVE EVALUATION ON SMOKING.

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Introduction. There are about 1.14 billion smokers worldwide. Although the prevalence of smokers compared to 1990 has decreased, the absolute number of smokers, due to the rising population number, has increased. Annually, 8 out of 10 smokers are seen by a doctor or another healthcare provider, while less than 3 from 5 smokers are encouraged to quit smoking. Elective surgery can be used as an opportune "teaching moment" for the definitive smoking cessation.

Aim of study. The main goal of the study was to analyse the complexity of preoperative assessment of smoking patients and the level of information concerning the relationship between this habit and elective surgery.

Methods and materials. It was a prospective observational study, which enrolled 60 smoking patients who were admitted to the hospital for elective surgery. All the patients were assessed preoperatively in anaesthesia polyclinic.

Results. The study group was dominated by men (78.3% vs 21.7% women). The men's history of smoking exceeds that of women (21.78 ± 14.15 vs 12.92 ± 7.6 respectively), which is explained by the older age of men vs. that of women enrolled in the study and the younger age of onset of smoking among men. Analysing the complexity of the preoperative assessment by anaesthetist concerning smoking in 3 (5%) out of 60 cases the question regarding this vice was omitted, in 13 (21.6%) cases they have not been asked about length of smoking and in 15 (25%) cases the number of cigarettes smoked daily have not been specified. Regarding the volume of information provided during the consultation and especially, concerning the impact of smoking on the perioperative period, unfortunately in 24 (40%) cases the topic was not even addressed. A break of less than 4 hours since the last cigarette was reported by 25% of patients, only 13 (21.6%) reported a break longer than 1 day and in 32 (53.3%) cases the interval varied between 4 and 24 hours. The level of information of our patients concerning the impact of smoking on perioperative period is too modest. The number of patients that declared readiness to definitely quit smoking was lower than 25%, more than 1/3 of patients denied this fact, while almost half were unsure of desire and success to quit smoking.

Conclusion. Due to this study we defined the gaps in the preoperative anaesthetic assessment of smoking patients, the low level of information concerning the impact of smoking on the perioperative period and highlighted the modest impact of the anaesthetist on smoking cessation for both, short and long term.