

SMOKING/SECONDARY SMOKE AND WOUND HEALING

All procedures in plastic surgery are performed to improve form and, in some cases, function. Our goal as Plastic Surgeons is to have a perfect form and scar. Unfortunately, smoking and secondary smoke affect wound healing in potentially a very devastating way. Any exposure to smoke either directly or indirectly can result in poor wound healing, delayed wound healing, skin loss necessitating skin grafting, increased risk in wound infection and loss of skin and deeper tissues, all resulting from decreased blood supply to those areas. The diminished blood flow to skin wound edges can cause the breakdown of skin and scabbing, which will adversely affect the quality and character of the scarring (there is an increased risk of hypertrophic or keloid scarring). This is true for any surgical procedures requiring incisions (even skin lesion removal and liposuction).

Facelift operations: there can be actual skin loss of the face in front and behind the ear.

Breast Implants (Reconstruction, tissue expanders, augmentation): there is an increased risk of delayed wound healing, capsular contracture, and implant infection with the possibility of extrusion.

Breast Reduction and Mastopexy operations: there can be delayed wound healing resulting in unsightly scarring and skin loss and potential nipple loss necessitating skin graft. In all cases of patients exposed to smoke or directly smoking, wounds do not heal in a normal length of time. Wound healing can be prolonged, as long as 3-4 months.

Forehead Lift: There can be hair loss, poor wound healing and scarring.

Abdominoplasty: Smoking or exposure to smoke again will decrease the ability of the skin to heal properly resulting in unsightly scarring and higher risk for infection and more importantly, skin loss sometimes requiring a skin graft.

Tram flap, Latissimus flap (muscle flap surgery): There is an increased risk of partial or total loss or failure and increased risk of fat necrosis or hard lumps and scar tissue within the flaps. There is an increase risk of donor site (area where the flap is taken from) wound healing complications and seromas. Any of these complications may require additional surgery to treat.

Please indicate your current status regarding these items by initialing below:

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

_____ 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.

Signature _____

Date _____

Witness: _____