



Medical audit

Smoking – do vascular surgeons practise what they preach?

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Smoking is a major health problem in Great Britain and cigarette consumption is rising. Although there are studies concerning the smoking habits of hospital physicians, nurses and oral and maxillofacial surgeons, little is known about the smoking habits of vascular surgeons and the advice given by them to their patients. A questionnaire survey was conducted involving 422 members of the Vascular Surgical Society of Great Britain and Ireland. The response rate was 74%. The median age of responders was 51 years (range, 32–69 years) of whom 98% were men. Of responders, 98% routinely advise patients to stop smoking, 10% advise nicotine gum/patch, 39% provide antismoking information sheets, 11% are involved in an antismoking clinic/group and 74% check to see whether patients continue to smoke. The majority of responders would be prepared to offer revascularisation in patients who continue to smoke. Only 8 surgeons (3%) would not advise revascularisation in this group of patients. Only 10% of respondents were current smokers, 37% were ex-smokers and 53% had never smoked. Vascular surgeons, therefore, seem to practise what they preach.

Key words: Smoking – Vascular surgeons

In Great Britain, there are approximately 12.1 million adult cigarette smokers and another 2 million who smoke only pipes and/or cigars.¹ In addition, there are 9.4 million ex-smokers. The prevalence of cigarette smoking in adults is 28% and may be increasing.² Every year in the UK, over 120,000 people die from smoking-

related diseases, more than 13 people an hour.³ Although there are studies concerning the smoking habits of hospital physicians, nurses, oral and maxillofacial surgeons, occupational healthcare professionals and other health professionals,^{4,7} little is known about the smoking habits of vascular surgeons. The aim of this

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study was to assess the smoking habits among vascular surgeons and the advice given by them to their patients.

Materials and Methods

In 1998, a questionnaire was sent to 422 members of the Vascular Surgical Society of Great Britain and Ireland (see Appendix). In addition to information on their personal smoking habits, each surgeon was asked to define their methods, if any, of inducing patients to stop smoking.

Results

A total of 314 surgeons (74%) responded. The response was highest (87%) from surgeons working in Scotland (Wales 75%, England 73%, Ulster 70% and Ireland 53%). The median age of responders was 51 years (range, 32–69 years) of whom 307 (98%) were men. Some 109 (35%) responders worked in teaching hospitals and 9 (3%) responders were retired surgeons. The majority of responders (232, 74%) were vascular and general surgeons, 72 (23%) were pure vascular surgeons and 10 (3%) had transplant commitments.

Of the responders, 306 (97%) routinely advised patients to stop smoking, and the remainder stated that they sometimes provided this advice. Some 285 (91%) of the responders counselled their patients against smoking. The advice given by vascular surgeons to their patients and subsequent follow-up is shown in Table 1.

Only 174 (55%) surgeons stated they advise their junior staff against smoking and 277 (88%) claimed that they have successfully stopped someone from smoking in the past. In patients who continue to smoke, 105 (33%) surgeons were prepared to advise operation or percutaneous transluminal angioplasty (PTA). A further 199 (63%) stated that they would sometime advise and only 8 (3%) said that they would never advise operation or PTA in patients who continue to smoke.

Some 32 (10%) responders currently smoke. Of these 9 (28%) smoke cigarettes, 18 (56%) smoke cigars or cheroots and 7 (22%) smoke pipes – 19 (59%) of them smoke up to 9 cigarettes/cigar per day and 7 (22%) smoke up to 9 ounces of tobacco per day. The majority (25, 78%) had smoked for over 16 years. Of the current smokers, 14 (44%) had tried to stop smoking in the past. There were 117 (37%) ex-smokers; of these, 30 (26%) had smoked for over 16 years. Among the ex-smokers, 85 (73%) smoked cigarettes, 21 (18%) smoked cigars or cheroots and 11 (9%) smoked pipes; 47 (40%) of them

Table 1 Methods used to stop smoking and subsequent follow-up

Advise nicotine gum/patch	31 (10%)
Provide antismoking information sheets	121 (39%)
Current involvement in an antismoking clinic/group	33 (11%)
Follow-up check to see if patients continue to smoke	232 (74%)
carbon monoxide levels	18 (8%)
nicotine levels	4 (2%)
clinical	210 (90%)

smoked up to 9 cigarettes/cigar per day and 21 (18%) smoked up to 9 ounces of tobacco per day. In total, 165 (53%) of respondents had never smoked.

Discussion

Over 90% of people with symptoms of arterial disease of the legs are smokers⁸ and about one-quarter of patients undergoing femoropopliteal vein bypass surgery are covert smokers.⁹ Smokers have 16 times and ex-smokers 7 times greater risk of developing peripheral vascular disease than people who have never smoked.¹⁰

As far as we are aware, this is the only study that examines the attitude of vascular surgeons to cigarette smoking with regard both to their patients and their own personal habits. The 74% response rate seems to be better than similar questionnaire surveys.^{4,5} The main limitation of this study is lack of data on the 26% non-responders. As this is an anonymous questionnaire survey, further information from these surgeons is logistically not possible.

Almost all vascular surgeons who responded to the survey advise their patients to stop smoking. This is encouraging and reassuring, as a British study had reported that less than one-third of smokers could recall being advised to stop by their general practitioner.¹¹ Smoking by vascular surgeons did not inhibit any of them counselling about smoking. However, only 22 of 314 responders made an effort to confirm that patients had stopped smoking either by measuring carbon monoxide or nicotine levels.

Smoking is a potent risk factor for ischaemic leg disease^{12–14} and is associated with graft failure.¹⁵ It has been shown that one year patency after surgery femoropopliteal vein graft in non-smokers was significantly higher (84%) compared with smokers (63%)¹⁶ and the chance of prosthetic graft failure is doubled in smokers.¹⁷ In spite of this, most vascular surgeons would be prepared to carry out vascular reconstruction even if patients continued to smoke.

Smoking is a lethal habit and many adult smokers continue to smoke because they are addicted to nicotine in cigarettes.^{18,19} Giving up smoking may be difficult and may require help.¹⁹ A range of tobacco control measures have been effective in reducing tobacco use.²⁰⁻²² Studies have shown the benefit of nicotine replacement therapies provided through chewing gum, skin patch, nasal spray or inhaler in helping smokers to stop.²³⁻²⁷ Overall, nicotine replacement therapy could enable about 15% of smokers who seek help to stop smoking.²³ A double-blinded trial of a nicotine inhaler for smoking cessation reported significantly higher (15%) continuous smoking abstinence for the active nicotine inhaler group compared with the placebo inhaler group (5%) after one year.²⁶ Very few surgeons were prescribing nicotine gum/patch but 39% did provide their patients with anti-smoking information leaflets. Vascular surgeons are in a unique position to deal with patients who smoke. They could help these patients break their habit by offering them nicotine replacement therapies and by more actively in counselling these patients at every opportunity against smoking. Recently published smoking cessation guidelines^{20,21} recommend that all health professionals should: (i) assess the smoking status of patients at every opportunity; (ii) advise all smokers to stop; (iii) assist those interested in doing so; (iv) refer to specialist cessation service if necessary; (v) recommend that smokers who want to stop use nicotine replacement therapy; and (vi) provide accurate information and advice on nicotine replacement therapy.

It was encouraging to find that only 10% of the responders currently smoke and that 37% had successfully given up smoking. This is very similar to smoking habits among the members of the American Association of Oral and Maxillofacial Surgeons (8% current smokers and 40% former smokers),⁵ however, it is worse than the figures for hospital doctors (3% current smokers, 26% ex-smokers).⁴ Despite this, almost all responders discouraged their patients from smoking and this survey has shown that the vascular surgeons are good advocates against smoking. Vascular surgeons seem to practise what they preach.

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Appendix

Questionnaire that was sent to all the members of the Vascular Surgical Society of Great Britain and Ireland

1. Age
2. Sex
Female Male
3. In which type of hospital do you work?
Teaching DGH
Others (please specify).....
4. In which region are you working?
England Scotland Wales
Ulster Ireland Others.....
5. Present working status?
Currently working Retired
6. Speciality?
Vascular surgery Vasc & Gen Surg
Vasc & Transplant
7. Do you advise your patients to stop smoking?
Routinely Never Sometimes
(please specify).....
8. Do you counsel your patients against smoking?
Yes No
9. Do you prescribe nicotine gum/patch?
Yes No
10. Do you provide antismoking information sheets?
Yes No
11. Do you check to see whether patients continue to smoke?
Yes No
If so, how?
Clinical Nicotine levels
CO levels Others (please specify).....
12. Would you advise operation/PTA for patients who continue to smoke?
Yes Never Sometimes
(please specify).....
13. Do you advise your juniors against smoking?
Yes No
14. Have you managed to stop someone smoking?
Yes No
15. Your involvement with an antismoking clinic/support group
Never Past Currently
16. Have you smoked and given up?
Yes No (If No go to question 17)
(Ex-smoker) If yes,
(a) how long were you a smoker?
0–4 years 5–10 years 11–15 years
16–20 years > 20 years
(b) When did you stop?
0–4 years ago 5–10 years ago
11–15 years ago 16–20 years ago
> 20 years ago
(c) What did you smoke?
Cigarette Cigar/cheroot
Pipe Others.....
(d) When smoking, how much did you smoke?
0–9/day 10–19/day
20–29/day >30/day
For tobacco, 0–9 oz/week 10–19 oz/week
20–29 oz/week >30 oz/week
(e) What made you stop?.....
17. Do you currently smoke?
Yes No (If No go to question 18)
If yes,
(a) What do you smoke?
Cigarette Cigar/cheroot
Pipe Others (please specify).....
(b) For how long have you been smoking?
0–4 years 5–10 years 11–15 years
16–20 years > 20 years
(c) How much do you smoke?
0–9/day 10–19/day 20–29/day
> 30/day
For tobacco,
0–9 oz/week 10–19 oz/week
20–29 oz/week > 30 oz/week
(d) Have you ever tried stopping?
Yes No
18. Any comments?