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Although anaesthetic and surgical techniques have improved over the years, the incidence of serious postoperative complications has not declined greatly during recent decades. Pulmonary, cardiovascular and infectious complications still cause extended hospital stay, intensive care admittance, and risk of death for a relatively high proportion of patients recovering from surgery.

Recent research has given us new tools for preventing postoperative complications by revealing the relationship between lifestyle and postoperative complications. Further, it has been shown that intervention is capable of reducing the risk of serious complications(1).

The harmful effects of tobacco smoking are well known, but its effect on surgical risk has only recently been demonstrated. The physiological effects of smoking imply changes in cardiovascular, pulmonary, immune and wound healing functions. In patients undergoing elective orthopaedic surgery, the incidence of cardiovascular complications was twice as high in smokers as in non-smokers, and clinically important infections were three times as common in smokers. An individual smoking intervention programme imposed 6-8 weeks prior to surgery is highly effective in reducing surgical complications (2).

A weekly alcohol intake exceeding 35 units is also associated with an increased risk of postoperative complications. Again, infections and cardiopulmonary complications are increased, as well as serious bleeding episodes. Wound healing is impaired resulting in wound and anastomotic dehiscence. In such patients, total abstinence for at least 4 weeks before surgery reduces the perioperative risk to normal levels.

The interventions for the smoking and/or alcoholic patient are similar. In both instances, it is important to identify patients with these specific problems, to perform a thorough, individual and intensive intervention, with personal support, and weekly meetings. For smokers it is important to supply nicotine replacement therapy, and for the alcohol patients it will often be necessary to use disulfiram therapy. The overall effects of the interventions on lifestyle are very good.

In conclusion, lifestyle interventions are beneficial in changing behaviour in relation to smoking and alcohol abuse, optimising organ function and reducing the risk of serious postoperative complications by at least 50%.

REFERENCES

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