

FAQs: Smoking Abstinence Prior to Elective Surgery

WHAT IS THE REQUIREMENT?

PacificSource Community Solutions follows [OHA's 01/01/2017 Prioritized List of Health Services Ancillary Guideline A4](#) (page 265), which requires patients to quit smoking for 30 days in advance of elective surgery. In addition, the requirements are stricter for the following surgeries: lung volume reduction surgery, bariatric surgery, erectile dysfunction surgery, and spinal fusion (arthrodesis) require 6-month abstinence *from all nicotine products*. Reproductive (i.e. for contraceptive purposes), cancer-related, and diagnostic procedures are excluded from this guideline; they do not have a smoking or nicotine cessation requirement.

For elective surgical procedures requiring prior authorization, there are two requirements when submitting an elective surgical procedure request: (1) [objective evidence of abstinence from smoking \(or nicotine use for those with 6-month requirement\)](#), and (2) relevant chart notes. Patients undergoing procedures not requiring full nicotine abstinence may use nicotine replacement therapies (NRT, e.g., patches or gum) to assist with smoking abstinence during this 30-day period. See next pages for [basic workflow options](#).

WHAT IS THE DEFINITION OF ELECTIVE SURGERY?

Elective surgical procedures are defined as those which are flexible in their scheduling because the condition does not pose an imminent threat nor does it require immediate attention within one month.

WHO IS CONSIDERED A SMOKER?

A smoker is anyone currently smoking cigarettes or someone who has abstained from smoking for less than one year. For patients who have quit smoking cigarettes for at least one full year, written documentation, such as in a chart note, is sufficient.

WHY IS SMOKING CESSATION PRIOR TO SURGERY SO IMPORTANT? WHAT CAN I TELL MY PATIENTS?

From the American College of Surgeons: *Smoking increases your risk of problems during and after your operation. Quitting 4 to 6 weeks before your operation and staying smoke-free 4 weeks after it can decrease your rate of wound complications by 50 percent.*

From the American Association of Orthopaedic Surgeons: *Smoking has a negative effect on fracture and wound healing after surgery. Broken bones take longer to heal in smokers because of the harmful effects of nicotine on the production of bone-forming cells.*

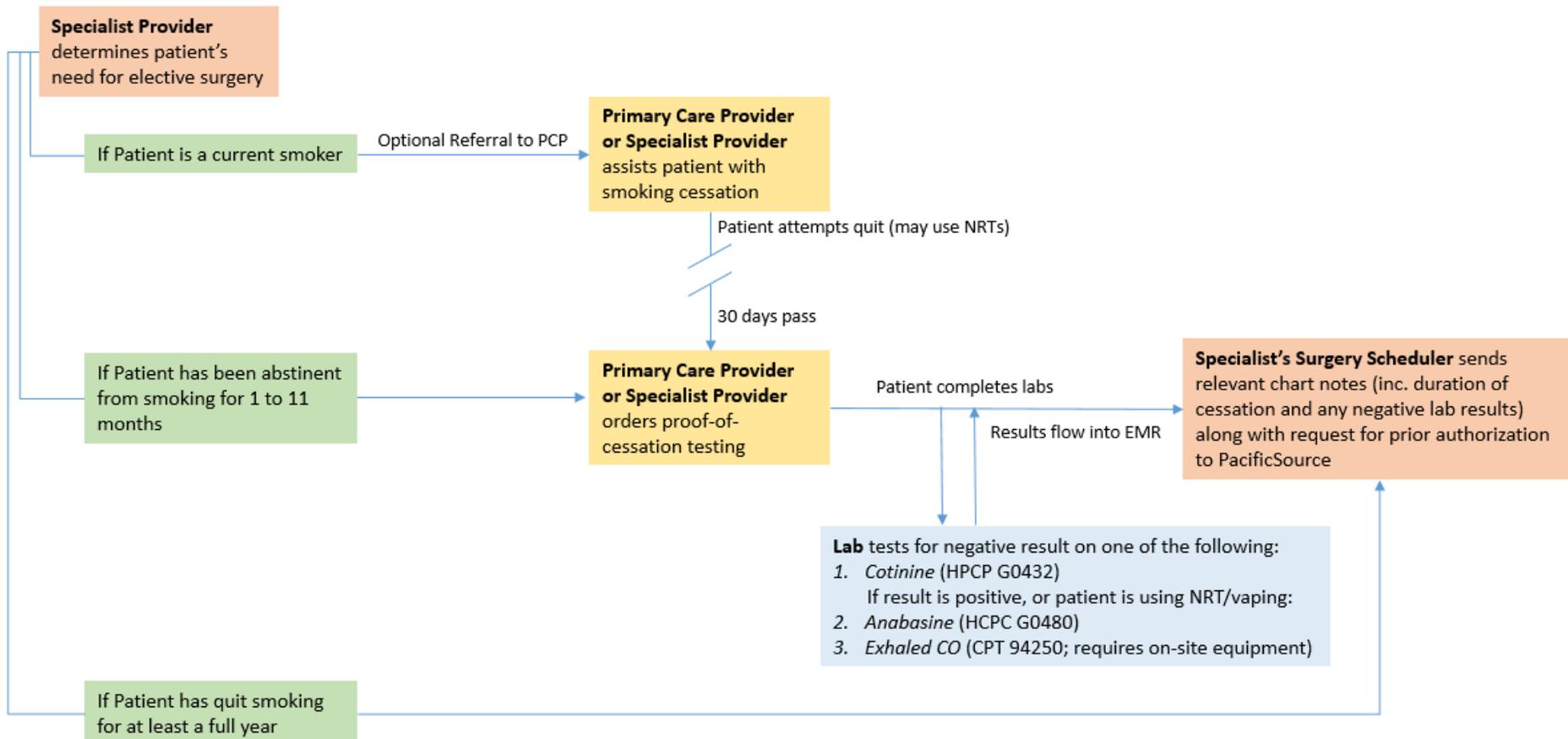
From the American Society of Anesthesiologists: *After surgery, you are much more likely to need a ventilator – a machine that breathes for you – because of your increased risk of breathing and lung problems.*

WHAT ARE THE PROOF-OF-ABSTINENCE TESTING OPTIONS, ISSUES, AND REFERENCE RANGES?

Testing options for abstinence include urine or blood tests for cotinine (a metabolite of nicotine), anabasine (a tobacco-specific biomarker) or an exhaled carbon monoxide test. Testing laboratories offer a reflex test for anabasine, if cotinine is detected first. It is well known that patients using NRTs test positive for cotinine, and a small number of foods may trigger positive cotinine values. Therefore, either anabasine or exhaled CO tests should be ordered to demonstrate smoking abstinence in patients using NRT. For patients requiring 6-month nicotine abstinence, negative cotinine levels must be shown at least 6 months apart, with the second test within 1 month of the anticipated surgery date. [Billing codes](#) for all tests can be found on the workflows on the next two pages.

Neither OHA nor PacificSource can offer a negative cutoff value for these tests because they differ depending on individual laboratories' reference ranges. For example, one laboratory's anabasine cutoff is <2 ng/mL, while another's is <3. This is because each lab's assay process has its own sensitivities. However, measurement unit for anabasine is extremely small, and patients abstaining from cigarette smoking ought to be below those numbers after 30 days regardless of whether the cutoff is 2 or 3 ng/mL. Anabasine tests occasionally result in false negatives because of the compound's low concentration in tobacco.

WORKFLOW: SUPPORTING AND OBTAINING EVIDENCE FOR SMOKING ABSTINENCE PRIOR TO ELECTIVE SURGERY (Applies to most elective surgeries)



WORKFLOW: SUPPORTING AND OBTAINING EVIDENCE FOR NICOTINE ABSTINENCE PRIOR TO ELECTIVE SURGERY

(Applies to lung volume reduction surgery, bariatric surgery, erectile dysfunction surgery, and spinal fusion)

