

Most Recent Study

Sharma A, Deeb A, Ianuzzi J et al. Tobacco Smoking and Postoperative Outcomes after Colorectal Surgery. *Ann Surg.* 2013;258(2):296-300ACS

- NSQIP database queried from 2005 to 2010: 47,574 patients identified, of which 26,333 patients had surgery for colorectal cancer, 14,019 for diverticular disease, and 7,222 for inflammatory bowel disease
- Findings
 - Smoking increases the risk of complications after all types of major colorectal surgery, with greatest risk for current smokers
 - Current smokers had the highest rate of infectious complications, pneumonia, return to the OR, and incisional infection
 - All complications including mortality were significantly higher in patients with a history of more than 60 pack-years of smoking

Additional Examples in the Literature

Jha P. Avoidable global cancer deaths and total deaths from smoking. *Nat Rev Cancer.* 2009;9:655-664

- The gastrointestinal tract is sensitive to the noxious influence of smoking
 - Smoking raises the risk of peptic ulcer disease, impairs ulcer healing and favors ulcer recurrence
 - Smoking reduces the lower esophageal sphincter and worsens gastroesophageal reflux disease
 - Strong correlation between smoking and pancreatitis
- Smoking reduces the overall capacity of tissues to heal after surgery
- Smoking appears to be a risk factor for Crohn's disease and affects adversely the course of disease (worse flares, recurrent episodes, delay in healing between episodes)

Turunen P, Wikstrom H, et al. Smoking increases the incidence of complicated diverticular disease of the sigmoid colon. *Scan J Surg.* 2010;99:14-17

- Smoking affects the complications of diverticular disease of the colon
 - Smokers tend to develop complications at a younger age than nonsmokers
 - Smokers have more strictures and histological perforations in the operative specimen