



DR. ROBERT HOUSER
COSMETIC & PLASTIC SURGERY
OF COLUMBUS, INC

495 Cooper Road, Suite 217 · Westerville, OH 43081

Phone: 614.890.5565 · Facsimile: 614.890.5561

Diplomat, American Board of Plastic Surgery

Member, American Society of Plastic Surgeons

www.Drroberthouser.com

Why Stop Smoking?



Studies have shown that surgery patients who smoke are 12 times more likely to develop healing problems than non-smokers. In particular, patients who smoke and who have cosmetic surgery, such as breast reductions, tummy tucks, or other procedures that create skin "flaps," are more prone to healing complications.

The carbon monoxide in cigarette smoke greatly reduces the blood's ability to carry oxygen, which is essential for wound healing. Smoking slows healing, and if a skin "flap" was used, the wound may not heal at all.

Anesthesiologists are responsible for keeping you alive while you are under general anesthesia. Countless studies have shown that smokers have a tendency to develop harsh coughs and an elevated heart rate. **Smoking decreases the proper functioning of the lungs and airways and your body's ability to fight infection.** It also affects the blood vessels, the heart, and the blood pressure. Additionally, there is a higher incidence of blood clots in smokers after surgery.

There are many plastic surgeons who will not even think about performing surgery on a smoking patient. **Dr. Houser has instructed you to cease smoking two weeks prior to and two weeks following surgery.**

If you cannot give up smoking for two weeks before and after the operation, you may want to rethink your decision to have plastic surgery. People choose to have plastic surgery to improve their looks and sense of well-being, so it makes little sense to jeopardize the results by failing to forego smoking for several weeks. If you are a smoker trying to quit, this may be an excellent opportunity to give up the habit altogether.

- I have read the above information and my signature confirms that I understand that smoking may jeopardize my results and Dr. Houser may cancel my surgery.**

Signature: _____

Date: _____