

RISKS OF SMOKING ACKNOWLEDGEMENT

It has been explained to me and I fully understand the risks associated with smoking, second hand smoke, e-cigarettes, nicotine patches/gums as it relates to my post operative healing.

I understand that nicotine is a very powerful vasoconstrictor and that smoking, second hand smoke, using e-cigarettes and the use of smoke cessation aids such as the nicotine patch or nicotine gums can introduce nicotine into the blood stream whereby the nicotine can cause vasoconstriction, or reduce the flow of blood, to the healing areas of my surgical procedure. This could result in delayed healing, poorly healed areas and increased scarring, necrosis or death of the skin and tissue, infection and in some cases require additional surgery(s).

I acknowledge that I have been made aware of the risks of nicotine during the postoperative period following my surgery. I have been made fully aware of the potential complications by and I am choosing to proceed with the proposed surgical procedure.

Do you smoke/use nicotine products? Yes No

If yes, when was your last cigarette or use of a smoking/nicotine alternative (date) _____

Does anyone in your household smoke? Yes No

Signature of Patient: _____

Date: _____