

*Michael A. Devlin, M.D.*

COSMETIC SURGERY

### **Smoking Policy**

At Devlin Cosmetic Surgery, we strive each day to make our patients' healthcare experience the best it can be. Your health and well being is very important to us; for that reason, **SMOKING AND USING PRODUCTS THAT CONTAIN NICOTINE IS NOT ADVISED BOTH BEFORE AND AFTER SURGERY.** Smoking can cause delayed wound healing, death of skin or tissue and increased risks of infection. Please also be aware that second-hand smoke (other people smoking in your home) can cause the same problems.

Any patient with a history of smoking or nicotine use will be given a urine test at their a pre-operative appointment and again the day of surgery to verify that they are nicotine free. **PATIENTS WHO FAIL THEIR NICOTINE TEST MAY HAVE THEIR PROCEDURE CANCELLED AND ARE SUBJECT TO CANCELLATION FEES.**

We would aslo like to caution you on the use of **VAPOR cigarettes**, which most of the time will still contain varying amounts of Nicotine. Your use of **VAPOR cigarettes**, will cause you to fail your nicotine test and **WILL** interfere with your healing post-operatively.

Our policies may appear to be quite strict, but your health and well-being is very important to us. We want your recovery after enhancing your appearance to be smooth and uneventful. We very much appreciate your cooperation and understanding.

Please do not hesitate to call us at any time if you have any questions or require additional information at **501-227-8811**. Thank you for choosing us to provide your cosmetic surgery care. We are committed to providing you with the optimal cosmetic surgery experience.

Patient initials \_\_\_\_\_

## **NICOTINE RISK ACKNOWLEDGEMENT**

\_\_\_\_\_ I have advised my physician if I currently smoke or have been a smoker in the past, or that I have used products that contain nicotine.

\_\_\_\_\_ I understand that I may not smoke or use nicotine products six (6) weeks before my procedure and six (6) weeks after my procedure.

\_\_\_\_\_ I understand that exposure to second hand smoke or vapor is as harmful to me as if I smoked or vaped myself.

\_\_\_\_\_ I understand that the use of nicotine containing products (6) weeks prior to surgery greatly increases the risk of post-operative complications. Possible complications include:

- Blood clots
- Death of skin or tissue requiring additional surgery
- Delayed wound healing
- Unfavorable scars
- Increase risk of infection
- Hair loss
- Prolonged bruising

\_\_\_\_\_ I understand that even if I quit smoking or use nicotine products at least 6 weeks prior to surgery, I am at increased risk of post-operative complications.

\_\_\_\_\_ I understand that I will be tested for cotinine, a by-product of nicotine, at my pre-operative visit approximately two (2) weeks before my surgery. I understand my surgery will be rescheduled for a positive test and loss of my deposit may apply.

\_\_\_\_\_ I understand that I will be tested for cotinine, a by-product of nicotine, the morning of my surgery. A positive test will cause the cancellation of my surgery and forfeiture my surgery deposit.

\_\_\_\_\_ I understand that I may be tested for cotinine, during the first six (6) weeks of my postoperative recovery. I also understand that I may be tested beyond six (6) weeks if my condition requires it.

Patient \_\_\_\_\_ Date \_\_\_\_\_

Physician \_\_\_\_\_ Date \_\_\_\_\_