

complications, intensive care admissions, mortality, wound infections and poorer wound healing after surgery. Smoking cessation before elective surgery can significantly improve postoperative outcomes.¹ The perioperative period is a teachable moment when patients are more motivated to quit,² and some patients who quit may remain abstinent after discharge. However, many opportunities to assist smokers are being missed and most continue to smoke up to the day of surgery.³

The Australian and New Zealand College of Anaesthetists recommends a simple and brief intervention known as the A-A-R strategy.⁴ It involves:

- Asking about smoking status
- Advising smokers to quit
- Referring them for smoking cessation support.

Smokers can be referred to Quitline (137 848), general practitioners or Tobacco Treatment Specialists (www.aascp.org.au). A brief smoking intervention such as Ask Advise and Refer should be a routine part of preoperative elective surgery care for all anaesthetists and surgeons.

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REFERENCES

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Austin Ng and Leonard Kritharides, the authors of the article, comment:

 We appreciate the important comments made by Dr Mendelsohn. We certainly agree smoking cessation is important for all patients including those undergoing surgery. It should be incorporated into a protocol-driven documentation of the patient's risk factors during preoperative assessment as recommended by the Australian and New Zealand College of Anaesthetists.

Smoking and preoperative assessment

Editor, – The article on preoperative assessment (*Aust Prescr* 2014;37:188-91) was a good review, but unfortunately omitted the critical issue of smoking. Smoking causes increased cardiorespiratory