THE LINK BETWEEN SMOKING AND COLORECTAL SURGICAL OUTCOMES

Most Recent Study

- 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

- 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)


- 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