



INSURANCE

Doctors are refusing to operate on smokers in some cases, and here's why...

By Karen Garloch | The Charlotte Observer

CHARLOTTE, N.C. — An irate man contacted me recently to complain he'd been turned down for back surgery because he's a smoker.

"It's just not right," said the Charlotte man, who suffers from chronic hip and leg pain. "My grandfathers on both sides smoked their entire lives. They didn't die until one of them was 92, and one of them was 88."

No doubt, genetics play a huge role in how healthy we are and how long we live. But personal behavior is also a big factor.

Most of us know that smoking is linked to heart disease and cancer. But in recent years, research has shown that smoking also inhibits wound healing because it decreases blood flow. As a result, smokers don't do as well as non-smokers after having spinal fusion surgery and joint replacements.

One study found that smokers who got joint replacement surgery had an 80 percent higher chance than nonsmokers of needing repeat surgery because of complications from infection.

For this reason, surgeons who do those procedures have begun asking patients to quit smoking — or at least stop for four to six months before and after surgery. (Note: The doctors quoted in this story were not the smoker's doctor.) "We want the best results possible," said Dr. Bryan Edwards, head of orthopedic surgery for Novant Health.

"If you're doing surgery, you're trying to get the bones to unite, and if you don't have good blood flow, the results aren't as good," Edwards said.

Unlike the man who said he was turned away by a surgeon, most patients are counseled about the risks and referred for help, like smoking cessation classes.

"I expect there may have been a miscommunication" in the case of the irate patient, said Dr. Leo Spector, a specialist in spine surgery at OrthoCarolina.

Smoking isn't the only behavior patients may be asked to change as part of "surgical optimization" — the doctors' term for getting patients in the best health possible before an operation to improve the outcome. Obesity and diabetes also decrease the chances of a successful surgery.

Spector said he'd ask patients with back pain to stop smoking and try physical therapy for three months to see if the pain would go away without surgery. "Have I refused to operate because they wouldn't stop smoking?" he asked. "Yes."

Helping patients achieve better surgical outcomes will also help doctors as the health care payment system continues to evolve. Today, most doctors continue to be paid in a fee-for-service system, which means they're reimbursed for each appointment, test or procedure. Perversely, they make more money if a patient has complications and requires extra care.