

DOI: 10.5152/TurkThoracJ.2019.111

[Abstract:0058] MS-157 [Accepted: Oral Presentation] [Tobacco Control]

## Evaluation of Smoking Cessation Program Results in Obesity Surgery Patients

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**Objectives:** Smoking is a preventable risk factor that may affect the results of surgery in patients who will be operated. This period, when motivation may be high, may provide an opportunity for patients to quit smoking. In our study, we aimed to evaluate the smoking cessation success of our patients who were included in the smoking cessation program before obesity surgery.

**Methods:** Between January 2017 and January 2018, smokers who were admitted to the obesity surgery outpatient clinic of our hospital and planned to be operated were included in the smoking cessation program. Eighteen patients followed for one year were included in the study. Demographic data and smoking cessation rates were evaluated. Statistical analysis were performed using the Statistical Package for Social Sciences (SPSS) version 23 program. Numerical values median (minimum-maximum); categories were evaluated with percentage ratios. Comparison of ratios Fisher test, a comparison of means was done with Mann Whitney-U test.  $p < 0.05$  was considered statistically significant.

**Results:** Twelve (66.7%) of our patients were female and 6 (33.7%) were male. The median age was found to be 40,5 (20-50) years. The cumulative smoking history was 13.5 (1-40) years, and the daily smoking amount was 20 (5-30). Fagerström dependence test was evaluated as 3.5 (2-8). While 4 of our patients had only cognitive behavioral therapy, 2 (11.1%) had varenicline, 2 (11.1%) had bupropion and 10 (55.6%) had nicotine replacement therapy. At the end of the 1-year follow-up period, 11 (61.1%) of our patients did not smoke. Seven patients (38%) could not quit smoking or resumed within 1 year after quitting. The data of our patients who have obesity surgery and who are waiting to operation are presented. There was no significant difference in terms of smoking cessation.

**Conclusion:** Even the cessation of smoking cessation of people who were included in an intensive 6-month smoking cessation program was 38%. The rate of non-smoking was found to be 61.1% after 1-year follow-up of our patients. We suggest that smoking cessation of patients prior to obesity surgery may be an opportunity to increase the quality of life and time to smoking cessation, as well as reduce the operational risks.

**Keywords:** Obesity, bariatric surgery, smoking cessation