

Tabagisme : comment arrêter?: les substituts nicotiniques

- **Substituts de la nicotine limitent les symptômes de sevrage.**
- **Les substituts doublent le taux d'arrêt à un an par rapport au placebo.**
- **Pas de contre-indications absolues (éviter le surdosage)**
- **Pas d'interférence avec les agents de l'anesthésie**
- **Ne modifient pas les conditions du jeûne préopératoire**

La substitution nicotinique

- Sous toutes ses formes: patchs, gommes, inhaleur, comprimés, pastilles
- Surveiller le sous dosage et éviter le syndrome de manque par arrêt brutal
- La réduction de la consommation est toujours préférable à un échec

Substitution nicotinique

- Un sevrage tabagique non substitué accroît les besoins en analgésiques.
- Les substituts donnés par voie orale ne constituent pas une rupture du jeûne.

CHAMPIX® est indiqué dans le sevrage tabagique chez l'adulte.

NOUVEAU

AIDEZ-LES À SE LIBÉRER !



Anesthesiology. 2012 Wong J

A perioperative smoking cessation intervention with varenicline: a double-blind, randomized, placebo-controlled trial.

286 patient randomized to receive varenicline or placebo. Both groups received in-hospital and telephone counseling during 12 months. Varenicline increased abstinence from smoking at 3 months (43.7% versus 31.9%), and 12 (36.4% versus 25.2%) months after elective noncardiac surgery with no increase in serious adverse events

Efficacité à court terme d'un programme d'arrêt préopératoire du tabac

- 166 patients fumeurs opérés en chirurgie orthopédique éligibles : 46 refus, 120 randomisés dont 60 dans le groupe « intervention ».
- « intervention » : entretien hebdomadaire avec une infirmière spécialisée, substitution nicotinique personnalisée.
- Sur 60 patients : 36 arrêts, 14 diminutions et 6 poursuites sur la période préopératoire de 6 à 8 semaines.
- Durée de l'abstinence postopératoire ?

Moller et al. Lancet 2002

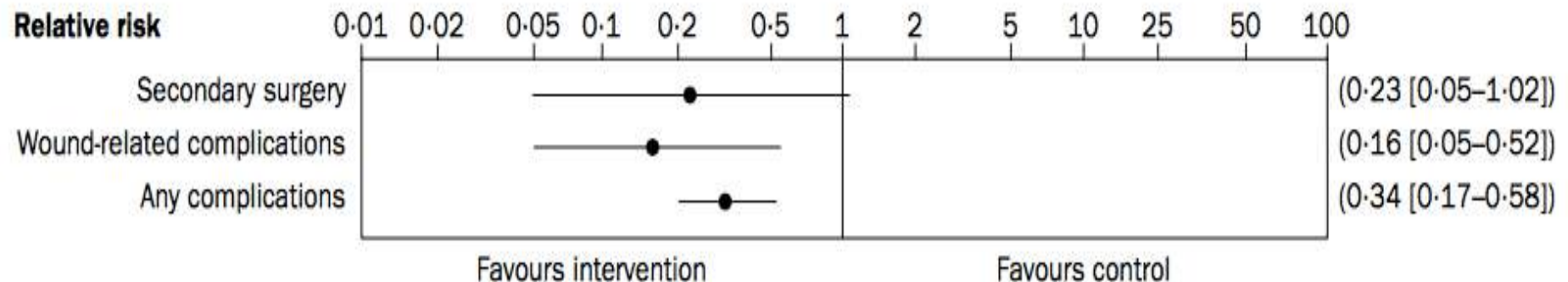
Effect of preoperative smoking intervention on postoperative complications: a randomised clinical trial

120 patients, 6 à 8 semaines d'intervention par prise en charge et substitution

Ann M Møller, Nete Villebro, Tom Pedersen, Hanne Tønnesen

Interpretation An effective smoking intervention programme 6–8 weeks before surgery reduces postoperative morbidity, and we recommend, on the basis of our results, this programme be adopted.

Lancet 2002; **359**: 114–17



	Smokers	Reduced cigarette use	p*	Stopped smoking	p†
Complications					
Wound	12 (26%)	7 (27%)	0.98	0	0.0004
Any	20 (44%)	12 (46%)	0.89	4 (10%)	0.001

Smoking and the Risk of Mortality and Vascular and Respiratory Events in Patients Undergoing Major Surgery

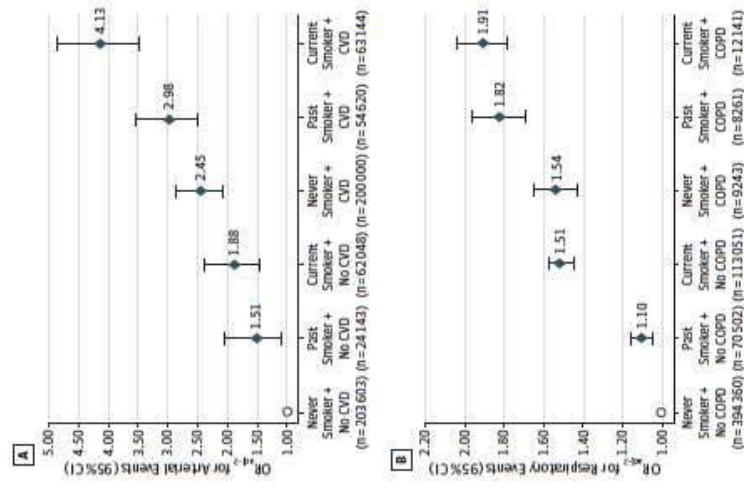
Khaled M. Musallam, MD, PhD; Frits R. Rosendaal, MD, PhD; Ghazi Zaatari, MD; Assaad Soweid, MD; Jamal J. Hoballah, MD; Pierre M. Sfeir, MD; Salah Zeineldine, MD; Hani M. Tamim, PhD; Toby Richards, MD; Donat R. Spahn, MD; Luca A. Lotta, MD, PhD; Flora Peyvandi, MD, PhD; Faek R. Jamali, MD

RESULTS The sample included 125 192 current (20.6%) and 78 763 past (13.0%) smokers. Increased odds of postoperative mortality were noted in current smokers only (odds ratio, 1.17 [95% CI, 1.10-1.24]). When we compared current and past smokers, the adjusted odds ratios were higher in the former for arterial events (1.65 [95% CI, 1.51-1.81] vs 1.20 [1.09-1.31], respectively) and respiratory events (1.45 [1.40-1.51] vs 1.13 [1.08-1.18], respectively). No effects on venous events were observed. The effects of smoking mediated through smoking-related disease were minimal. The increased adjusted odds of mortality in current smokers were evident from a smoking history of less than 10 pack-years, whereas the effects of smoking on arterial and respiratory events were incremental with increased pack-years.

CONCLUSIONS AND RELEVANCE Smoking cessation at least 1 year before major surgery abolishes the increased risk of postoperative mortality and decreases the risk of arterial and respiratory events evident in current smokers. These findings should be carried forward to evaluate the value and cost-effectiveness of intervention in this setting. Our study should increase awareness of the detrimental effects of smoking—and the benefits of its cessation—on morbidity and mortality in the surgical setting.

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Figure 1. Odds Ratios Adjusted for Potential Confounders and Mediators Described in Table 2 (OR_{adj}) for 30-Day Postoperative Arterial and Respiratory Events for the 3 Smoker Groups (Past, Current, and Never)



Smoking and the Risk of Mortality and Vascular and Respiratory Events in Patients Undergoing Major Surgery

Khaled M. Musallam, MD, PhD; Fritts R. Rosendaal, MD, PhD; Ghazi Zazari, MD; Asaad Sweid, MD; Jamal J. Hoballah, MD; Pierre M. Sfeir, MD; Salah Zeneidine, MD; Ham M. Tamim, PhD; Toby Richards, MD; Donat R. Spahn, MD; Luca A. Lotta, MD, PhD; Flora Peyvand, MD, PhD; Faek R. Jamali, MD

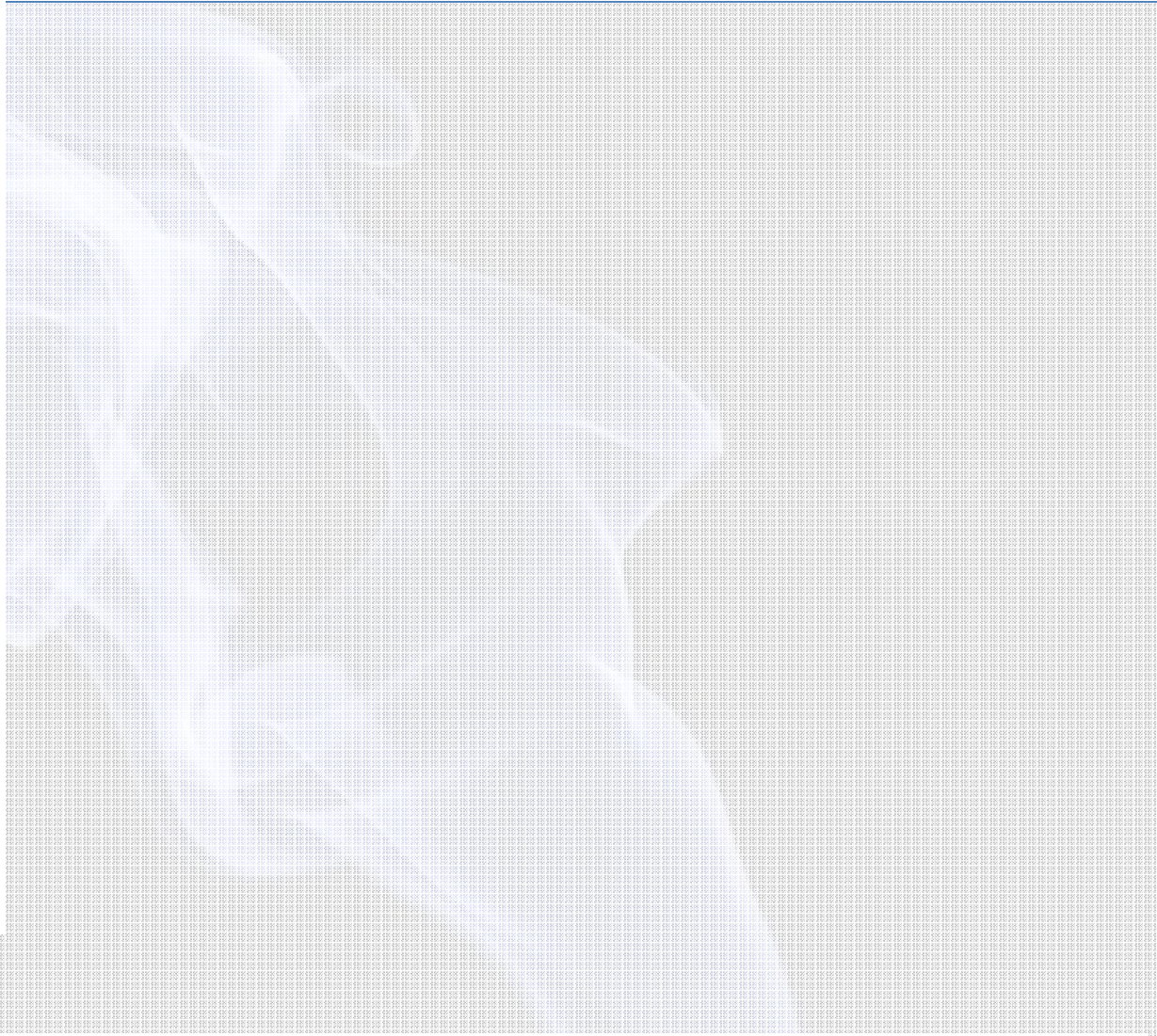
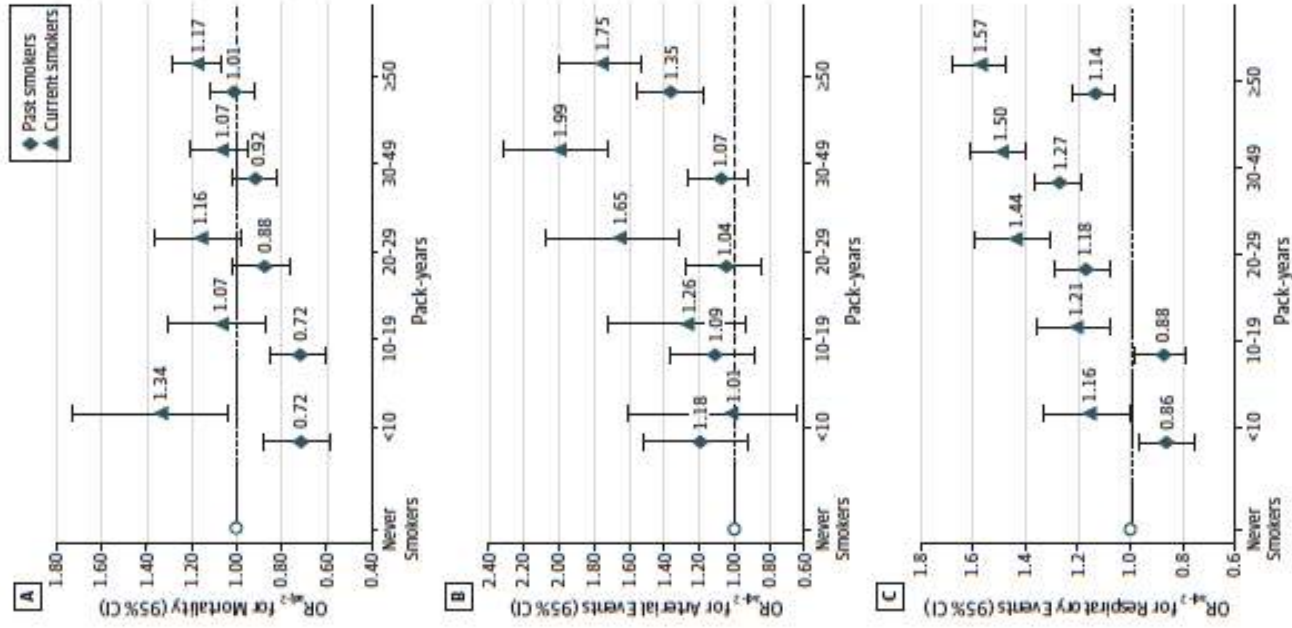


Figure 2. Odds Ratios for the Main Study Outcomes in Past and Current Smokers



Les fumeurs sevrés de longue date

- Risque moindre
- Et non différent de celui des non fumeurs

La période péri-opératoire favorise –t-elle l'arrêt du tabac au long court?

- En règle générale le taux de rechute est de 50% à un an en France
- Pour la chirurgie cardiaque (coronaires) même taux de rechute
- Mais un arrêt du tabac avant intervention est un bon pronostic pour un arrêt futur au long cours