



Special Informed Consent & Disclosure Nicotine Use

Patient Name _____

Date _____

It has been shown beyond reasonable doubt **that the use of nicotine may clearly interfere with wound healing**. This interference is greatest when dealing with thin skin flaps or delicate tissue, and is usually associated with death of part or all of the affected tissue. Any source of nicotine such as cigarettes, cigar, pipe, chew plug, smokeless tobacco, or nicotine chewing gum will place the area of healing at risk.

Prudent medical advice recommends totally abstaining from nicotine for at least two (2) weeks prior to elective surgery, and for at least four (4) weeks following surgery. There is evidence that for many people even this may not be sufficient time away from nicotine.

As a nicotine user, I understand that my elective surgery is an increased risk for complications, especially wound healing, and take this into consideration when requesting elective surgery. I realize that these complications may lead to further treatment and/or surgery, as well as further expenses.

To attempt to minimize the nicotine risk to myself, I agree to abstain totally from nicotine in any form for at least two (2) weeks preoperatively. I realize I still may have nicotine related healing problems, even if I follow this recommended abstinence period.

Patient Signature _____

Date _____

Witness _____

copy given to patient

