



Angott Surgical Associates

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Bariatric Surgery Tobacco Use Policy

At the Angott Surgical Associates our goal is to help you improve your health and allow you to achieve your goals. The use of tobacco significantly increases your risk of complications both around the time of surgery as well as years after surgery. We require all patients to be 100% tobacco and nicotine free for a minimum of 8 weeks prior to bariatric surgery, this recommendation is in alignment with the American Society of Bariatric and Metabolic surgery guidelines. You will undergo testing throughout the pre-operative timeframe to determine if you are using tobacco/nicotine. If testing shows that you are using tobacco/nicotine within 8 weeks of surgery, your surgery will be postponed. We reserve the right to test you for nicotine the day of surgery.

I understand that minimum of 8 weeks prior to any bariatric surgery all patients must be tobacco and nicotine free. This includes nicotine replacement products. This policy is in place due to increased risk of complications around the time of surgery in patients that use tobacco and nicotine. These risks include but are not limited to:

- Increased risk of cardiac events – including heart attack.
- Increased risk of stroke.
- Increased risk of blood clots.
- Increased risk of infection.

If I have a history of tobacco use within 1 year prior to my surgery I will undergo tests to screen for tobacco prior to surgery.

If I test positive for nicotine within 8 weeks of my bariatric surgery, surgery will be postponed.

I understand that I may be tested for nicotine the morning of my surgery. If I test positive my surgery will be cancelled and rescheduled no sooner than 8 weeks from the date I tested positive.

The use of nicotine, in any form, including nicotine replacement weeks, months or years after surgery puts me at high risk of complications including, but not limited to:

- Delayed and poor healing.
- Development of ulcers in my stomach.
- Development of strictures in my stomach.
- Nausea and vomiting.
- Bleeding from ulcers in my stomach.
- Perforation of my stomach due to ulcers, infection and risk of death.

Signature of patient: _____ Date: _____