Let’s put a stop to smoking in theatres

As theatre practitioners we are concerned with the health and safety of our patients. We are also concerned with the health and safety of our colleagues and ourselves. Everything we do is governed by standards, guidelines and policies all aimed at promoting high quality care delivery whilst minimising risk. So why is it that every day theatre practitioners and patients are put at risk from inhaling smoke plume?

There is limited published data, but it does signify that dedicated smoke evacuation/extraction devices are effective at reducing the levels of surgical smoke during surgical procedures. Guidelines recommend the use of smoke management systems and there are numerous products on the market available to support this, yet the utilisation of such systems is inconsistent. Some organisations have clear policies in place and compliance is reported as being 100%. Others have nothing or have inconsistency in utilisation between theatres and disciplines or even teams.

There is no doubt that the plume created, when using electrocautery during procedures, contains over 150 different chemicals, carcinogens, prions, bacteria, viruses and viable cells. Unfortunately, there is insufficient data to allow conclusions to be drawn on reported respiratory ill health symptoms linked with surgical smoke exposure (Beswick & Evans 2012).

Nonetheless, chronic irritation caused by surgical smoke can lead to respiratory irritation, exacerbation of asthma, headaches, nausea, mucous membrane irritations and skin irritations (Eickmann et al 2011). What is lacking is definitive proof that breathing in this noxious substance causes harm. Perhaps this is why there is some reluctance around using containment systems.

Personally, I choose not to smoke cigarettes. So why is it that when I am in an operating theatre where diathermy is being used, I am sometimes forced to inhale the resultant smoke produced. Hill et al (2012) showed that the surgical smoke generated during plastic surgery procedures, in one day, was equivalent to smoking 27 to 30 unfiltered cigarettes.

Smoking has been banned in enclosed public places so why should it be permissible to inhale smoke in the work place?

Theatre practitioners are not the only ones at risk. There also is a risk to patients. Not only can they be exposed to breathing in the smoke but during certain laparoscopic procedures they may absorb it into their blood stream. If allowed to accumulate, the surgical smoke can also be a hinderance during these procedures as it can affect the visualisation of organs and tissues. This can be addressed by releasing the smoke through a port into the atmosphere where guess what? We are again exposed to breathing it in!

We have a duty of care to our patients and each other to deliver high quality care and eliminate or reduce risk wherever possible. AfPP member Kathie Nabbie has instigated a second petition to mandate the use of smoke management systems and we require 10,000 signatures before the government will respond. At 100,000 signatures, this petition will be considered for debate in Parliament. As I write this we have just over 2000 signatures. I am asking you all to support this and sign but also ask your friends, neighbours and relatives to sign it too. We have the power to lobby for change and we owe it to ourselves to protect our health, so let’s do it.

Please sign the petition to make smoke evacuation compulsory, visit https://petition.parliament.uk/petitions/237619

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References

Beswick A, Evans G 2012 Evidence for exposure and harmful effects of diathermy plumes (surgical smoke) Evidence based literature review Prepared by the Health and Safety Laboratory for the Health and Safety Executive


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