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Plastic and Aesthetic Surgery

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Board Certified, American Board of Plastic Surgery

COSMETIC SURGERY SMOKING, VAPING AND NICOTINE POLICY

Initials

_____ Cigarette smoking and the **use of any nicotine containing products** have been shown to increase the risk of complications twelve-fold in plastic surgery patients. This is due to the vasoconstrictive effect (shrinking small blood vessels) of nicotine. In addition, carbon monoxide released during smoking decreases the amount of oxygen that reaches the tissues impairing their ability to heal after surgery. **This applies to nicotine patches, nicotine gums, e-cigarettes (vaping with or without nicotine), and marijuana as well as cigarettes**, because they also cause shrinking of small blood vessels. The end result is that less oxygen gets to the cells while you are healing and your risk of serious complications is much greater. These complications, which can be devastating, include death of the tissues such as the skin or breast tissue, infection, and wounds that break down or don't heal.

_____ In certain commonly performed plastic surgery procedures where there is more extensive dissection (tightening and rearranging tissue), these risks are magnified if a patient has been smoking, using any nicotine products or **vaping with or without nicotine**. These procedures include but are not limited to: breast lifts, breast reductions, tummy tucks, explants, blepharoplasty, and facelifts. Therefore, it is the policy of this office that all patients having procedures must **COMPLETELY QUIT** smoking, vaping and the use of any nicotine containing products for **6 weeks before surgery** and for **3 weeks after surgery**. Facelift patients must have **COMPLETELY QUIT** smoking **3 months** prior to surgery. Breast augmentation patients (without a lift) are encouraged, but not required to quit smoking.

_____ Depending on the procedure or procedures you have chosen, you may be required to take a nicotine test in the office prior to your surgery. If you fail the nicotine test, the surgery will be cancelled, and you will forfeit the \$1000 booking fee. Because we want you to have the best possible surgical outcomes, we will not perform certain surgeries on patients who do not adhere to these guidelines and/or who have nicotine in their blood.

_____ I have read and understand this Smoking, Vaping and Nicotine policy. **I consent to a nicotine test prior to surgery. If I test positive for nicotine, I understand that my surgery will be cancelled, no refund will be due, and a \$1000 booking fee will be charged in order to reschedule my surgery.**

Patient's Name

Witness's Name

Patient's Signature

Witness's Signature

Date

Date