

Quitline plus surgery are big motivators for giving up smoking

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David Tom Cooke is a thoracic surgeon with UC Davis Health. Credit: UC Regents / UC Davis Health

Smokers who have thoracic surgery are much more likely to stop using tobacco if they also complete a quitline intervention, a new UC Davis

Health study shows.

Published in *JAMA Surgery*, the study is the first to evaluate the benefits of a quitline e-referral program, pioneered at UC Davis Health, in a [surgery](#) care setting. It found the combination of surgery with the program was more likely to get [tobacco](#) smokers to quit than if they just went through surgery or just participated in the program.

Quitting tobacco often is an expectation prior to thoracic operations, including for esophagus or lung conditions. Nonsmokers have better post-operative outcomes, according to the study's senior author and thoracic surgeon David Tom Cooke.

"The time between my first visit with a patient and surgery is critical for thoughtful conversations about quitting smoking, not just for the procedure but for long-term [health](#)," Cooke said. "We wanted to know if the e-referral program our colleagues' developed improved the success of those conversations."

Quitlines are telephone helplines offering support, guidance and resources for permanently quitting tobacco. The e-referral program is part of UC Davis Health's electronic health record system. With permission, physicians can securely send patient information directly to the California Smokers' Helpline, the state's free quitline. A quit coach then follows up within a couple of days to initiate an evidence-based counseling intervention.

All 111 study participants were tobacco users referred to the [thoracic surgery](#) clinic at UC Davis Health between Jan. 1, 2014, and Dec. 31, 2018. They were divided into four groups for comparison: nonoperative and operative Helpline participants, and nonoperative and operative Helpline nonparticipants.

While the Helpline improved quit rates for all who participated, it worked even better for those who had surgery. In fact, Helpline engagement tripled the odds of remaining smoke free at six months for [surgical patients](#).

Cooke sees the study as an important launching point for surgical clinics becoming more engaged in [population health](#).

"The study shows that smoking cessation can be easily woven into clinical encounters," Cooke said. "Thoracic surgery clinics in particular provide opportunities for addressing issues like opioid use, nutrition, mental health and more—all of the factors that can improve lives."

More information: Mollie M. Mustoe et al, Engagement and Effectiveness of a Smoking Cessation Quitline Intervention in a Thoracic Surgery Clinic, *JAMA Surgery* (2020). [DOI: 10.1001/jamasurg.2020.1915](#)

Provided by UC Davis

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