

I'm a smoker—what are the benefits of quitting?

If you smoke you're at risk of potentially serious complications during and after surgery that can affect the lungs and heart. You're also more likely to suffer problems related to the general anaesthetic, which is vital in many surgical procedures.

Fighting any infection is more difficult for a smoker, while the risk of breathing problems increases too. There is also a greater chance of a longer stay in hospital. The wounds and bones in smokers take longer to heal and smoking reduces the benefits from treatment and the effects of recovery.

There is a one in three risk of smokers experiencing breathing problems after an operation, but by stopping smoking at least eight weeks before, the risk drops dramatically to one in 10.

There are many long-term health benefits to stopping smoking too. Between five and 15 years after quitting, your risk of suffering a heart attack or stroke is that of a non-smoker and after 20 years the risk of you dying from lung disease or smoking-related cancer is reduced to that of a 'never smoker'.

You are more likely to successfully quit smoking with help. Call Smokefreelife North Yorkshire on 0800 2465215 or for further information visit www.smokefreelifenorthyorkshire.co.uk for help to give up smoking.

I'm overweight and classed as obese—what are the benefits of losing weight?

Your risk of suffering a serious complication during or after your operation can be increased if you suffer from obesity-related diseases such as high blood pressure, diabetes, obstructive sleep apnoea, history of thrombosis and angina. And after your operation you're more likely to experience a chest infection, breathing difficulties, wound infections and poor healing.

Many overweight people are fit and healthy, but losing weight prior to hip or knee surgery will greatly improve the benefits of your joint replacement surgery and will mean there is less chance of your replacement joint failing. If you reduce your BMI, not only is there less pressure on your joints, it also lowers your risk of developing complications during surgery.

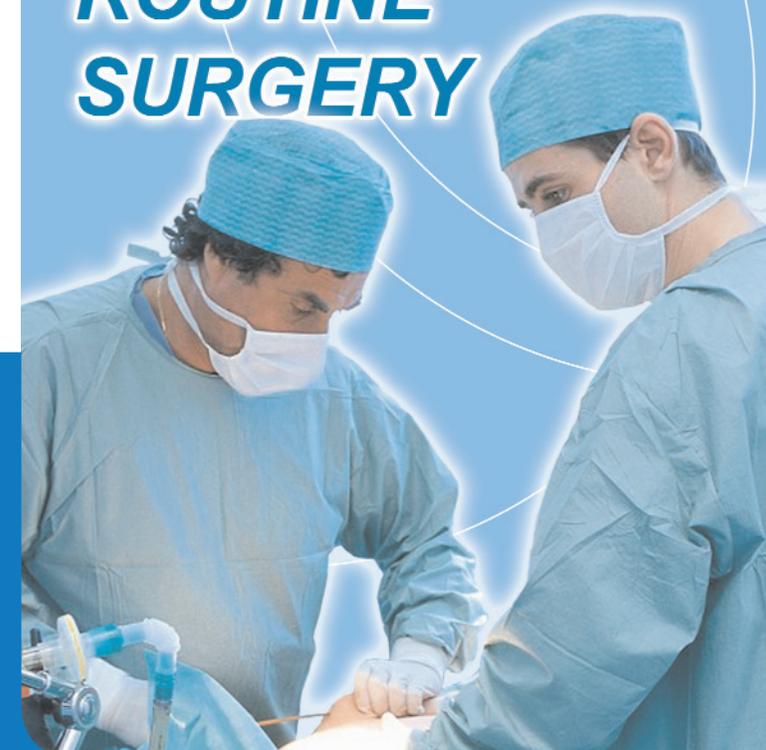
Losing weight may mean you feel better and won't need to undergo surgery at all. The best way to lose weight is to eat a healthy, reduced calorie diet and exercise regularly.

Ask your GP Practice to refer you to Everyone Active for help to improve your lifestyle and lose weight, or refer yourself - if you live in Scarborough visit www.everyoneactive.com/scarborough-lifestyle-services or www.everyoneactive.com/ryedale-lifestyle-services if you live in Ryedale.

NHS

Scarborough and Ryedale
Clinical Commissioning Group

IMPROVING YOUR HEALTH BEFORE ROUTINE SURGERY



www.scarboroughryedaleccg.nhs.uk

**Important information for smokers
and patients who are overweight**

What has changed?

The NHS Scarborough and Ryedale Clinical Commissioning Group (CCG) has approved a 'Prevention and Better Health' policy aimed at improving the health outcomes for smokers and overweight patients who require routine surgery.

- If you are a smoker, it could mean your referral from your GP is delayed by up to six months if you don't take up the offer of support to stop smoking, or fail to quit.
- If you have a Body Mass Index (BMI) of 30 or over and you require major joint surgery, you will be offered help to lose weight, with your operation delayed by six months to give you the best possible opportunity to improve your health. If you manage to change your lifestyle, there's a chance you may no longer need your operation.
- If you have a BMI of 35 or over and you require routine surgery, you will also be offered help to lose weight, with your operation delayed by six months to give you the opportunity to make changes to your lifestyle.

Who does this affect?

The measures approved by the Scarborough and Ryedale CCG may be applied to smokers and any patient with a BMI of 35 or over who requires non-urgent surgery, as well as patients with a BMI of 30 or over who require major joint surgery.

Are there exceptions?

Patients who require an urgent procedure, tests for suspected cancer and those with some mental health problems and learning disabilities will not be affected by the new measures, while doctors can make representations to get a referral accepted if there are unacceptable medical risks associated with a delayed operation. Small children, frail older people and patients who have a high BMI due to their muscle mass, such as rugby players, will also have their referral processed as normal.

Why has this policy been implemented?

There is compelling evidence to show patients who smoke or are classed as obese are at much greater risk of complications during and after surgery and recovery takes longer.

In the longer term, tackling smoking and obesity and other lifestyle factors that cause poor health form part of the Scarborough and Ryedale CCG's commitment to "improve the health and wellbeing of local communities". In Scarborough in particular, hospital admissions directly attributable to smoking remain stubbornly high, while deaths from heart disease and stroke directly linked to smoking are among the highest in England.

Statistics also show that more than one in five women who gave birth at Scarborough Hospital last year smoked during their pregnancy – almost double the average for England. Overall, it's thought the cost of treating smoking-related illness in Scarborough and Ryedale is around £6.7 million a year.

Meanwhile, the development of diabetes as a result of obesity is said to be one of the biggest "time bombs" for the NHS with potentially one in 10 people having Type 2 diabetes by 2034. Treatments directly relating to diabetes currently cost around £10 billion of the NHS budget and with incidence of Type 2 diabetes rising in line with obesity levels, this is adding to financial pressures faced by many CCGs.

Obesity is also linked to a number of other serious and life-threatening conditions including coronary heart disease, some types of cancer and stroke.

What will these changes mean for the local NHS?

It's likely the measures introduced by the Scarborough and Ryedale CCG will lead to a drop-off in the levels of non-urgent surgery performed in places like Scarborough Hospital and will help the CCG meet its financial targets, amid a challenging climate for the NHS, not just locally, but nationally.

We have limited resources to spend on the healthcare needs of the 119,000 people in our area and we have a duty to manage our budgets responsibly for the benefit of everyone.

With the current spend on obesity related ill-health and smoking related illness increasing, these measures will help protect the future finances of the CCG and wider health services in Scarborough and Ryedale.