

SMOKING RISK ACKNOWLEDGEMENT

____ I have advised my physician if I currently smoke or have been a smoker in the past.

____ I understand that I may not smoke three months before my procedure and four weeks after my procedure.

____ I understand that exposure to second-hand smoke is as harmful to me as if I smoked myself.

____ I understand that the use of nicotine patches or gum in smoking cessation is the same as continuing to smoke.

____ I understand that smoking three months prior to surgery and four weeks after surgery greatly increases the risk of postoperative complications. Possible complications include:

- Blood Clots
- Death of skin or tissue- requiring additional surgery
- Delayed wound healing
- Unfavorable Scars
- Increased Risk of Infection

_____ I understand that I may be tested for cotinine, a by-product of nicotine, at my pre-operative visit approximately two weeks before my surgery. I understand my surgery will be rescheduled for a positive test.

_____ I understand that I may be tested for cotinine, a by-product of nicotine, the morning of my surgery. A positive test will cause the cancellation of my surgery and forfeiture of 50% of my surgeon's fees.

_____ I understand that I may be tested for cotinine during the first four weeks of my postoperative recovery. I also understand that I may be tested beyond four weeks if my condition requires it.