

Michael E. Decherd, MD

San Antonio Plastic Surgery Institute

Elective Plastic Surgery Smoking Policy

One of the goals of Plastic Surgery is to achieve the best cosmetic outcome possible. Some factors responsible for the outcome are in the hands of the surgeon, some in the hands of the patient, and some are beyond everyone's control. Given the elective nature of these procedures, all factors which can be controlled need to be optimized before proceeding with surgery in order to maximize your cosmetic outcome.

Smoking has been shown to be a cause of major complications in Plastic Surgery. ***Smoking interferes with normal wound healing and can result in disastrous consequences for patient undergoing cosmetic surgery.*** Our office will provide you with material which details some of the available literature on the effect of smoking and plastic surgical procedures.

In order to maximize your safety and cosmetic outcome, Dr. Decherd will not perform elective procedures on anyone who is actively smoking. ***All smokers must completely abstain from smoking for at least 4 weeks before and 4 weeks after surgery.*** You must also not use any nicotine replacement products for that time (e.g. patches, gum). ***Second hand smoke should also be avoided during this period.*** These requirements are NOT subject to negotiation. Dr. Decherd reserves the right to perform nicotine testing on the day of surgery at his discretion. Patients who are smoking at the time of surgery will be cancelled with loss of their deposit.

Our strict no-smoking policy is just one part of our efforts to make your plastic surgery experience rewarding for all of those involved. Feel free to discuss any of these issues with Dr. Decherd at any time.

I, _____, have read the Elective Plastic Surgery Smoking Policy of Dr. Decherd. I will comply with all requirements if I choose to proceed with my elective procedure. I understand that failure to comply will result in cancellation of my procedure, with loss of my deposit if it has been paid.

Electronic and/or scanned signatures shall be accepted by all parties as original signatures.

Patient signature: _____ ***Date:*** _____

Witness signature: _____ ***Date:*** _____