PATIENT ACKNOWLEDGMENT

SMOKING & NICOTINE WAIVER

Smoking and nicotine use are the most important surgical risk factor you can control. Nicotine — from cigarettes, cigars, vaping, chewing tobacco, patches, gum, or lozenges — narrows your blood vessels and reduces the oxygen-rich blood flow that healing tissue depends on. Because many procedures lift and reposition skin, this reduced blood supply can cause areas of skin to heal poorly or die.

RISKS INCREASED BY SMOKING & NICOTINE

- **Skin and tissue death (necrosis).** Areas of skin — particularly along incisions and where skin has been lifted, as in a facelift — may not survive, leading to open wounds, prolonged healing, and permanent scarring.
- **Wound-healing problems and worse scarring.** Incisions are more likely to separate, heal slowly, or break down, and scars are more likely to widen, thicken, or heal a different color than the surrounding skin.
- **Infection.** Reduced blood flow and a weakened immune response raise the risk of wound infection.
- **Anesthesia and breathing complications.** Smoking irritates the airways and can cause coughing, lower oxygen levels, and breathing problems during and after anesthesia.
- **Blood clots.** Smoking increases the risk of clots in the legs and lungs, which can be life-threatening.
- **More revisions and added cost.** Complications related to nicotine often require further treatment or surgery, at additional expense to the patient.

WHAT WE ASK OF YOU

Please use no tobacco or nicotine products of any kind, and avoid second-hand smoke, for at least four weeks before surgery and throughout your recovery — longer when your surgeon advises. Nicotine-replacement products such as patches, gum, and lozenges still contain nicotine and are not a safe substitute. We may ask you to complete a nicotine test before your procedure.

PLEASE READ BEFORE SIGNING

I recognize that smoking and nicotine use greatly increase the chance of complications following my surgery, including poor wound healing, poor scarring, loss of skin, infection, and, in some cases, complete failure of the procedure.

I understand that if I choose to use nicotine I accept these increased risks, and I agree to be nicotine tested before my procedure if requested. By signing, I confirm that I am either not using any nicotine products, or that I have informed Dr. Sandel / Dr. Duggal of my use. I understand that my surgeon may postpone or decline surgery, and that the practice is not responsible for complications caused by undisclosed or continued nicotine use.

I have read and understand this waiver. I have disclosed my current use of tobacco and nicotine products, and I understand how they affect my surgical risk, healing, and results.

Patient or person authorized to sign for patient

Date

Witness signature

Date