



**Dr Abel Mounir M.D MSc
Specialist Plastic Surgeon**

SMOKERS SURGICAL CONSENT FORM

Patient:.....
Date of birth:
Address:
.....
.....
NHS number:
.....

I*confirm that* Dr. Abel Mounir has advised me that I must not smoke, be exposed to second-hand smoke, or take any nicotine **substitutes** for a minimum of Six (6) weeks before and after surgery.

It has been explained to me that the risks of surgery are much greater for smokers, and even if I am off cigarettes for six weeks before and after surgery, I may still experience the effects of nicotine. There is a greater risk in smokers for bad scarring, hematoma formation, intra-operative bleeding, poor or delayed healing, hair loss, sloughing of skin (skin loss), infection, increased or prolonged bruising, and hyper-pigmentation. I am aware that I may be subject to nicotine test on the day of the surgery and if it does turn to be positive my surgery will cancelled.

I LACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE CONSENT, THAT THE RISKS HAVE BEEN FULLY EXPLAINED TO ME, AND I WISH TO PROCEED WITH SURGERY.

Patient signature

Date and time