

SMOKE-FREE RECOVERY FROM TRAUMA SURGERY: A PILOT TRIAL OF AN ONLINE SMOKING CESSATION PROGRAM FOR ORTHOPAEDIC TRAUMA PATIENTS

Sam McCrabb¹, Amanda L. Baker¹, John Attia^{1, 2, 3}, Zsolt J. Balogh^{1,4}, Natalie Lott⁴, Kerrin Palazzi², Justine Naylor^{5,6}, Ian A. Harris^{5, 6}, Christopher M. Doran⁷, Johnson George⁸, Luke Wolfenden^{1, 9}, Eliza Skelton¹, Billie Bonevski¹

¹ School of Medicine and Public Health, Faculty of Health and Medicine, University of Newcastle, Callaghan, New South Wales 2308, Australia

² Hunter Medical Research Institute, University of Newcastle, New Lambton, New South Wales 2305, Australia

³ Department of General Medicine, John Hunter Hospital, New Lambton Heights, New South Wales 2305, Australia.

⁴ Department of Traumatology, John Hunter Hospital, New Lambton, New South Wales 2305, Australia

⁵ Whitlam Orthopaedic Research Centre, Ingham Institute for Applied Medical Research, Liverpool Hospital, Liverpool, New South Wales 2170, Australia

⁶ South Western Sydney Clinical School, Faculty of Medicine, University of New South Wales, Liverpool, New South Wales 2170, Australia

⁷ School of Human, Health and Social Sciences, Central Queensland University, Brisbane, Queensland 4000, Australia

⁸ Centre for Medicine Use and Safety, Monash University, Parkville, Victoria 3052, Australia

⁹ Hunter New England Population Health, Wallsend, NSW 2287, Australia.

Presenter's email: sam.mccrabb@newcastle.edu.au

Introduction and Aims:

Smoking increases the risk of complications associated with orthopaedic surgery, however delivery of care is low. Online interventions may increase the provision of smoking cessation care. This study aims to examine the engagement, retention and acceptability of an online program (Smoke Free Recovery; SFR) among a sample of orthopaedic trauma patients.

Design and Methods:

A pilot study of SFR with 31 orthopaedic trauma patients admitted to a public hospital in New South Wales, Australia took place. Semi-structured telephone interviews were conducted following hospital discharge. Thematic analysis and descriptive statistics were used.

Results:

Twenty-eight participants accessed SFR during admission. Twenty individuals completed follow-up phone calls. Program acceptability was rated favourably. After discharge, changes in smoking habits were noted, however program engagement was low. Themes on program use included: lack of time or need for additional support; computer illiteracy or technology issues; feeling unready or too stressed to quit; or feeling they had reached the boundary of what could be learnt from the program.

Discussions and Conclusions:

This study highlights the difficulties faced by patients following hospital admission, the lack of follow-up support received, and the need for consumer testing prior to roll

out. Continuing to develop interventions to promote hospital-initiated cessation attempts that continue post-discharge should be a priority.

Disclosure of Interest Statement:

The authors have no competing interests to declare.