



EVERYONE DESERVES A SMOKE-FREE OR

We support legislative and regulatory initiatives requiring surgical smoke evacuation.

2x

Perioperative nurses report twice as many respiratory issues as compared to the general population.

27-30

The average daily impact of surgical smoke to the OR team is equivalent to smoking 27-30 unfiltered cigarettes.

What is surgical smoke?

Surgical smoke is the result of human tissue contact with mechanical tools and/ or heat-producing devices, such as lasers and electro-surgery knives commonly used for dissection and hemostasis.

Dangerous effects

The harmful effects of surgical smoke and its dangerous contaminants are well-documented and impact both patients and workers. **Surgical smoke is full of carcinogenic and mutagenic cells, can include over 150 hazardous chemicals** - including all 16 U.S. EPA Priority Pollutant PAHs - and likely exposes OR staff to biological (human) contaminants including aerosolized blood. Exposure to surgical smoke can cause acute and chronic health effects including eye, nose and throat irritation, emphysema, asthma and chronic bronchitis.

A study presented in 2015 by the National Institute for Occupational Safety and Health (NIOSH) found that despite the existence of evidence-based practices and recommended controls, healthcare workers continue to be exposed to hazardous surgical smoke. In fact, the data used in the study indicated that only half of respondents reported that local exhaust ventilation (LEV) was always used during laser surgery and only 15% reported LEV was always used during electrosurgery.

AORN's impact

AORN led the effort to make Rhode Island the first state to address smoke evacuation by law, and is actively working in several states to ensure operating rooms are surgical smoke-free.

For more information on legislative or regulatory initiatives, please visit www.aorn.org/smokefreeor.