

## Asymptomatic Smokers: ASA I or II?

*To the Editor:*—Most anesthesiologists favor an ASA I classification for asymptomatic smokers and argue that smoking is not a disease; those opposed argue that even asymptomatic smokers have significant pathophysiologic changes and increased perioperative morbidity. I believe there is sufficient evidence to support the latter position and we as anesthesiologists should come to a consensus on this risk classification.

The ASA Physical Status Classification<sup>1</sup> defines class II as a "Mild to moderate systemic disturbance." Examples of ASA class II<sup>2</sup> include essential hypertension (which often is asymptomatic). Asymptomatic smokers have been found to have statistically significant increases in closing volumes<sup>3</sup> consistent with small airway disease. Asymptomatic smokers also have been shown to have abnormalities in mucociliary transport.<sup>4</sup>

Increased postoperative morbidity in patients smoking greater than 10 cigarettes a day has been known for some time.<sup>5</sup> Few studies look specifically at complications in asymptomatic smokers. One such study<sup>6</sup> found non-bronchitic smokers to have a 53 per cent incidence of chest complications *vs.* a 23 per cent incidence in nonsmokers.

The evidence points to both quantifiable disease and increased perioperative risk in even the asymptomatic

smoker. Surely this deserves a classification of a mild to moderate systemic disturbance.

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