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\(^1\) defines class II as a “Mild to moderate systemic disturbance.” Examples of ASA class II\(^2\) include essential hypertension (which often is asymptomatic). Asymptomatic smokers have been found to have statistically significant increases in closing volumes\(^3\) consistent with small airway disease. Asymptomatic smokers also have been shown to have abnormalities in mucociliary transport.\(^4\)

Increased postoperative morbidity in patients smoking greater than 10 cigarettes a day has been known for some time.\(^5\) Few studies look specifically at complications in asymptomatic smokers. One such study\(^6\) 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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REFERENCES

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