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School of Medicine

Department Surgery

Division of Plastic & Reconstructive Surgery

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To Whom It May Concern:

I am writing in support of legislation to control exposure to surgical smoke.

I have been a reconstructive surgeon at Oregon Health and Science University for over 20 years. In the operating room, both myself and all those who work around me are routinely exposed to significant amounts of surgical smoke from the electrocautery that is an integral part of almost every surgical procedure.

There is no doubt in the scientific literature that surgical smoke is a health hazard in the workplace. Suitable surgical smoke evacuation devices are inexpensive and available in our operating rooms but not routinely used. Traditionally surgeons control what is used in the operating room, and many choose not to use smoke control devices. Unfortunately, all the people working alongside the physician are exposed to smoke. They have no choice or control over the quality of the air they will breathe all day long. The is wrong from a health care perspective and an ethical point of view.

During my time at OHSU, I lost a fellow plastic surgeon in his 40's and a resident surgeon in her early 30's to lung cancer. Neither of my friends ever smoked. Both were exposed to surgical smoke regularly.

Without legislation, the routine use of smoke evacuation devices in the operating room will never become routine. I am urging you to move sensible legislation forward to protect surgeons, anesthesiologists, nurses, technicians, aids, and all other workers routinely exposed to this toxic smoke. There is no downside to this. The devices are cheap, easy to use, and effective.

You may reach me via E-mail at Reid@ReidMueller.com or by phone at 503.494.6687. I will be happy to provide additional information or answer any questions if needed.

Regards,

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