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DRIVING & SURGERY

This information has been designed to give you a basic guideline relating to driving post surgery and does not take into consideration your personal circumstances. Please keep in mind that this is a guideline only and that each individual has different needs so you may progress at a different rate to that which is outlined.

A safe return to driving depends on the procedure you have had, your ability to drive and your recommended rehabilitation. You must be able to control your vehicle in an emergency situation.

Considerations

Deciding when you can return to driving has a number of considerations:

- Will the act of driving impact or impair the healing process and perhaps compromise the final outcome of my surgery?
- Am I safe to drive? (i.e. Can I safely control my vehicle in an emergency?)
- Am I capable of driving? (i.e. Do I have a temporary splint or disability that prevents me from driving?)
- Is my judgement impaired? (i.e. Am I taking strong pain-relieving medications that may interfere with my reaction time or judgement?).

A safe return to driving depends on:

- What you drive (automatic / manual / power steering).
- The conditions you are driving in (bad weather/ night/ poor roads)
- How long the journey will be
- The medications you are taking
- The pain you are experiencing
- The function you have lost
- Your judgement and capacity to drive.

Driving & opioids

Immediately after your operation you will likely be taking pain-relieving medications that are sedatives (similar to alcohol). These medications can interfere with your concentration, judgment and reaction time.

You should not drive while you are taking these medications.

Goals to aim for prior to returning to driving

As with most return to activity advice, it is best to follow a graduated return, increasing the duration and intensity, as comfort allows.

There should be no requirement for a leg or arm splint to protect your limb from pain or injury, or to allow recovery.

Upper Limb

- Shoulder range of motion equivalent to 90 degrees of forward flexion and 90 degrees of abduction (general guide).
- Elbow movement equivalent to near full extension.
- Normal function of both hands and wrists.
- Your upper limb strength should be almost equal to the other side and not compromised by pain, impingement or poor nerve / muscle function.
- Once your arm is strong enough and has enough range of motion to physically go through the motions of driving, it is also important to consider your reaction time. Is it compromised in any way?

Lower Limb

- Your lower limb should not be in a cast or splint and you should not still be requiring crutches to mobilise.
- Your lower limb should not be compromised by pain or poor nerve / muscle function.
- It is recommended that you are able to fully weight bear on your right leg in your usual footware before returning to drive.

Testing your capacity to drive

Before attempting to drive on public roads, take your car to an empty car park and practise driving in a safe and controlled environment. Once you can safely and repeatedly perform all of the emergency stop procedures and all the manoeuvres necessary for driving, you may consider returning to driving.

Insurance

Please note, your normal car insurer may not cover you if:

- You are involved in an accident and you are wearing a cast or a brace.
- You are taking strong pain-relieving medications, such as sedatives that may impair your concentration or judgement.
- You have had a fracture (broken bone) & there is recent x-ray evidence the break has not healed.
- You have had "recent surgery".

The definition of "recent surgery" is not clearly defined. If unsure, contact your car insurer for clarification.

Additional information can be found on Pubmed – http://www.ncbi.nlm.nih.gov/pubmed/23450009.

Considerations for particular surgeries

It is important to recognise that returning to driving post operatively is dependent on your surgery and your rate of recovery. Your surgeon will indicate your capacity to return to driving at your post operative appointments.

SHOULDER REPLACEMENT

The main consideration following shoulder replacement surgery is the healing of the tendons, which are normally cut to gain access to the joint. In general, tendon healing takes 6-8 weeks and gets progressively stronger to the 3 month mark. Returning to driving earlier than 6 weeks may compromise your surgery. As a guide it will be at least 6-8 weeks before you will be able to drive and then a gradual increase in activity/ driving can be expected. Your surgeon will indicate your capacity to return to driving at your post operative appointments.

ARTHROSCOPY (KEY-HOLE ELBOW & SHOULDER SURGERY)

If you have had key-hole surgery where no tendon or ligaments have needed repair, immediate movement is encouraged and you can drive once physically able. On average most people return to driving around 2 weeks following surgery. If a ligament or tendon has been repaired, you need to wait until the tendon/ ligament has healed – normally around 6-8 weeks with a graduated increase in activity. Returning to driving early after tendon surgery may compromise your outcome.Your surgeon will indicate your capacity to return to driving at your post operative appointments.

MINOR UPPER LIMB SURGERY

Examples are "Carpal tunnel decompression". It is usually sensible to wait until the wound has healed to prevent the sutures from loosening and the wound opening. This normally takes 10-14 days. The scar may remain painful for 6-8 weeks and may cause pain when you try and drive. Returning to driving depends on what you drive (power steering, gear changing). Most people start gentle driving around 1-2 weeks following surgery. Your surgeon will indicate your capacity to return to driving at your two week post operative appointment.

LOWER LIMB

For lower limb surgery, the return to driving could be any where from two weeks to 3 months and your surgeon will indicate your capacity to return to driving at your post operative appointments.

For knee and hip replacement surgery, the Arthroplasty Society of Australia (AOA) Statement on Driving After Total Hip and Knee Replacement Surgery (October 2016) advises that a patient "should not return to driving...until they can safely perform an 'emergency stop' and they no longer require regular narcotic analgesia". According to the AOA statement it may vary from 4-6 weeks. For more information about this statement visit the Arthroplasty Society of Australia website.

Many patients will wait to return to driving until after their 6 week post operative appointment at which time your surgeon will recommend when you can return to driving.

Your surgeon will provide you with further advice relating to your capacity to return to driving at your post operative appointment based on your specific circumstances.

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This material has been produced as a reference guide only and should not be used in place of a consultation with a qualified medical practitioner. This information sheet is not intended for medicolegal purposes.