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FLYING & SURGERY

This information has been designed to give you a basic guideline relating to flying 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.

Flying post surgery depends on your procedure, recommended rehabilitation and your airline restrictions.

Things to check before you fly

If you've had any kind of major surgery, ask your surgeon to clarify your restrictions and any help you may require, prior to booking your flight.

Airline - Each airline has its own regulations about flying after surgery. Check with your airline before you fly, particularly if you've had complex surgery. Also check the hand luggage restrictions with your airline. No airline will allow you to sit in an emergency seat. You may have to purchase an extra seat (or upgraded seat) if you cannot sit normally (i.e. can not bend your knee or have a bulky sling on).

Travel Insurance - Check your travel insurance policy carefully, as you may need to inform the insurance company that you've recently had surgery. This could impact the cost of your travel insurance.

Medications - You need to check what rules apply to taking your medicine:

- On-board your scheduled plane.
- Out of Australia (if applicable).
- Into the country that you are going to (if applicable). Different countries have different rules and regulations about the types of medicine they allow to be taken into the country and the maximum quantity you can take in. Some medicines available over the counter in Australia may be controlled in other countries and vice versa – for clarification, contact the embassy for the country you are visiting.

It is a good idea to travel with a copy of your prescription and a letter from your doctor giving:

- Details of your medication, including its generic name (not just the brand name).
- The name of the health condition that you need the medication for.

Please be advised that your doctor may charge you for writing such a letter, as doctors are not obliged to provide this service by the Department of Health.

On the plane Casts

There is a risk of swelling after a plaster cast is fitted, which can affect your circulation. Most casts are applied in a manner that allows swelling to go up-and-down. If you have a complete cast, this should be split prior to flying.

Most airlines will allow you to fly within 24 hours of a plaster cast being applied for flights that are less than 2-hours duration; or after 48 hours for longer flights.

If you are flying within 24 to 48 hours of having a plaster cast fitted, your airline may require you to have the cast split along its full length to avoid problems with your circulation. To avoid disappointment, ask your surgeon to arrange for this to be done prior to your flight. You may need to arrange for a replacement cast to be fitted once you reach your destination.

Wheelchair help

If you have a cast on your leg and need a wheelchair to get around the airport and to board the plane, inform your airline as soon as possible. They can arrange for a wheelchair to meet you at both ends of your journey. There is usually no additional charge for this service.

Using crutches

If you are using crutches to support your weight, you need to inform your airline. Most airlines will let you take your crutches on the plane. Normally, these can be used to mobilise to the departure gate and then be stored in the hold during the flight.

Risk of Deep Venous Thrombosis (DVT)

If you are flying after recent surgery, especially on the hips or knees, you are at an increased risk of deep vein thrombosis (DVT – a blood clot in one of the deep veins in your body, usually in your legs).

Other factors may also increase your risk of DVT, including if you:

- Have had DVT before
- Have had blood clots already
- Have a family history of blood clot
- Are overweight or obese
- Are pregnant.

It is important to note that the absolute risk of developing a travel-related DVT is low, even if you are classed as moderate to high risk.

If you are at high risk of DVT, speak to your doctor before flying. They may recommend that you delay your trip.

You can take steps to reduce your risk of DVT, such as drinking plenty of water and moving around on the plane.

Types of surgery

As a rough guide, before flying, you should allow:

- 1-2 days after arthroscopic (keyhole) surgery.
- 1-2 days after a plaster cast has been applied. NB. If both your legs are in plaster, it is unlikely that you will be able to fly – Contact your travel operator or airline for advice
- 4-5 days after simple, open surgery (i.e. wrist or hand surgery).
- 14 days for more complicated open surgery (i.e. shoulder joint replacement surgery).
- 14 days after surgery to stabilise a fracture (broken bone).
- 3 months – total hip replacement (hip precautions minimise the risk of hip dislocation in the first 6 weeks after surgery & can not be met in standard aeroplane seats).

Please note – Surgery &/or a broken bone will also affect where you can sit on a plane and your ability to tolerate turbulence. These should be considered BEFORE you book your flight and board the plane.

Restrictions may also apply to flying with other medical conditions.

Additional information & Clearances

Additional information can be found on your chosen airlines website or by confirming via phone.

A clearance for flying form is available for most airlines. Completing these forms is not a part of your routine care – a small, additional charge applies when requesting for this paperwork to be completed by your surgeon.

Your surgeon will provide you with the specific advice relating to your capacity to fly. Please ask your surgeon at your appointment if you intend to fly.

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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.