

## GOOD PRACTICE STATEMENT

# Driving after gynaecological surgery and Caesarean-section delivery



### Introduction

This statement is based on a synthesis of the best available current evidence. It will be subject to periodic review as the evidence base evolves. It should be noted that the statement offers guidance, and should not be regarded as prescriptive; such general advice will always require to be modified in line with the needs of any individual patient and the clinician's experience.

This statement aims to identify the factors that should be considered when advising patients about a safe return to driving following gynaecological surgery or Caesarean-section delivery. Much research has explored advice given to patients about their return to driving after surgery. For gynaecological or obstetric procedures in specific, the evidence is limited and inconclusive, and guidelines from various sources appear to be in conflict. Clayton & Verow (2007) concluded from one research study that both patients and health professionals seem uncertain about which criteria determine "fitness to drive".

### Evidence

Minig *et al.* (2009) stated that fitness to drive should be based on a patient's "cognitive function" and pain control, rather than wound healing. Kalkur *et al.* (2007, p. 141) found that, according to gynaecologists, the most common reason for refraining from driving after surgery was being unable to "perform an emergency stop". They also stated that patients should consider their surgical incision and the position of the seat-belt. When asked how long patients should refrain from driving after major abdominal/pelvic surgery, approximately 50% recommended 6 weeks, and approximately 50% suggested less.

The National Institute for Health and Clinical Excellence guidelines on Caesarean section (NICE 2011) recommend that women who have undergone this procedure should resume activities such as driving a vehicle once they have fully recovered from the surgery (including any

physical restrictions or distracting effect caused by pain).

The NHS Choices website states that, in general, it will take about 6 weeks for your tissues to heal completely following a Caesarean section or surgery, and that, if you drive, you should check your insurance cover for any restrictions about doing so after an operation because some companies require your general practitioner (GP) to certify that you are fit to drive (NHS Choices 2014). They advise that "[m]ost women do not feel fit to drive for a few weeks after a caesarean and many wait until after their six-week postnatal check".

The Driver and Vehicle Licensing Agency (DVLA) published *Assessing Fitness to Drive – A Guide for Medical Professionals* (DVLA 2017), which was last updated in March 2017. It states that drivers do not need to notify the DVLA of surgical recovery unless it is likely to affect driving and persist for more than 3 months. Licence holders who wish to drive after surgery should establish with their own doctors when it would be safe to do so. Any decision regarding returning to driving must take into account several issues, including:

- recovery from the effects of the procedure;
- anaesthetic recovery from the effects of the procedure;
- any distracting effect of pain;
- analgesia-related impairments (e.g. sedation or cognitive impairment); and
- other restrictions caused by the surgery, the underlying condition or any comorbidities.

The DVLA guide also states that drivers have the legal responsibility to remain in control of a vehicle at all times, and that they should be able to demonstrate this to the police if stopped.

### Conclusions

Evidence-based guidance for returning to driving following gynaecological surgery or Caesarean-section delivery is limited.

Since full soft-tissue healing, in the absence of complications or infection, takes 6 weeks, it would seem sensible to recommend refraining from driving for 6 weeks. Patients should be advised to discuss returning to driving with either their GP or consultant, and should be encouraged to check their car insurance policy. They should be informed about their responsibility to ensure that they have full control of their vehicle, and of the factors that may influence this; for example, the effects of anaesthetic, pain, medications and any physical restrictions.

### **Pelvic, Obstetric and Gynaecological Physiotherapy**

#### **References**

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