

The ability to drive a car following abdominal operations such as caesarean section or hysterectomy is important for women. Safety of the woman, any passengers and other road users is of high importance. Women need to be able to sit comfortably, work the controls, wear a seatbelt, look over their shoulder, make an emergency stop, and should not be using any medication including painkillers that cause sedation. Women should talk to their doctor or health care provider about their health and ability to drive, before restarting driving. They should also check their relevant insurance status. Considerations are stricter for women driving commercial vehicles as the risk from commercial vehicle crashes are higher.

Women are given a wide range of advice about resuming driving after surgery, ranging from avoiding driving for long periods of time to driving when they are ready.^{1,2} The pattern of recovery after

41 What factors should women take into account when considering resuming driving after surgery

around 13% stated that they thought women were fit to drive within 1-2 weeks of surgery.² A multidisciplinary consensus statement from the Netherlands about returning to activities after gynaecological surgery, concluded that women can resume moderate activities including driving at 3-4 weeks after abdominal hysterectomy and 3 weeks after vaginal hysterectomy.⁷ A Canadian study showed that women had a lower rate of motor vehicle accidents in the year after childbirth, compared to pre-pregnancy or in pregnancy.⁸ However, in the year following a birth, women may be driving less often, and for shorter time periods, so this data should be interpreted with caution. In comparison, in Australia people are not permitted to drive for 6 weeks post heart transplant or for at least four weeks post abdominal and thoracic aneurysm repair, however this is based on limited data on driving performance.⁵ The evidence about driving after orthopaedic surgery has recently been reviewed, and found that patients who have lower limb surgery such as a right knee replacement or right hip replacement have outcome measures such as brake time, return to normal at a range of 2-8 weeks postoperatively.⁹

There is little information about how activities of daily living including driving, impact on healing after abdominal surgery. There may be benefits to early resumption of activities of daily living after surgery. Providing information about resumption of activities post-surgery may also be beneficial. A recent randomised trial after abdominal and gynaecological laparoscopic surgery in the Netherlands found that a personalised e-health intervention informing patients about time to return to activities of daily living led to a reduction in the time taken to return to normal activities and a positive effect of social participation and physical function.¹⁰ The evidence about recovery after pelvic surgery has recently been reviewed.¹¹

their driver licensing authority.⁵ The health professional has an ethical obligation, and potentially a legal one, to give clear advice to the patient in cases where an illness or injury may affect safe driving ability.

Further information about assessing fitness to drive in Australia and New Zealand can be found by consulting the fitness to drive guidelines^{5 14}

Good Practice Point 3

Insurance companies are generally reliant on medical advice regarding fitness to drive, rather than giving advice about readiness to drive. Women should discuss their health and fitness with their doctor and enquire from their insurance companies whether there are any policy exclusions

Consensus based recommendation

The pattern of recovery after surgery is variable. Women and their clinicians should consider a number of factors when considering resumption of driving after abdominal surgery including caesarean section and hysterectomy.

- 1 **Sedgley J, Rickard K, Morris J. A survey of women and health providers about information regarding the timing of driving a car after experiencing a caesarean section** *Aust N Z J Obstet Gynaecol* **2012**; **52**(4): 361-5
- 2 **Shend AM/Hapham ME, Lairdbury A, McCormack L, Leung S, Nassar N. Knowledge, advice and attitudes toward women driving a car after caesarean section or hysterectomy: A survey of obstetrician/gynaecologists and midwives** *Aust N Z J Obstet Gynaecol* **2014**; **54**(5): 460-5
- 3 **Dassanayake T, Michie P, Carter G, Jones A. Effects of benzodiazepines, antidepressants and opioids on driving: A systematic review and meta-analysis of epidemiological and experimental evidence** *Drug Saf* **2011**; **34**(2): 125-56
- 4 **Wickens QV, Mann RE, Bands B, et al. Driving under the influence of prescription opioids Self-**

Evidence-based Medicine, Obstetrics and Gynaecology (C-Gen 15)

[https://www.ranzog.edu.au/RANZOOG_SITE/media/RANZOOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20%20General/Evidence-based-medicine-Obstetrics-and-Gynaecology-\(C-Gen-15\)-Review-March-2016.pdf?at=.pdf](https://www.ranzog.edu.au/RANZOOG_SITE/media/RANZOOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20%20General/Evidence-based-medicine-Obstetrics-and-Gynaecology-(C-Gen-15)-Review-March-2016.pdf?at=.pdf)

A range of RANZOOG Patient Information Pamphlets can be ordered via

<https://www.ranzog.edu.au/Womens-Health/Patient-Information-Guides/Patient-Information-Pamphlets>

evidence and clinical expertise. Recommendations were graded as set out below in Appendix B part iii)

ii. *Declaration of interest process and management*

Declaring interests is essential in order to prevent any potential conflict between the private interests of members and their duties as part of the Women's Health Committee

A declaration of interest form specific to guidelines and statements was developed by RANZCOG and approved by the RANZCOG Board in September 2012. The Women's Health Committee members were required to declare their relevant interests in writing on this form prior to participating in the review of this statement.

Members were required to update their information as soon as they became aware of any changes to their interests and there was also a standing agenda item at each meeting where declarations of interest were called for and recorded as part of the meeting minutes.

Good Practice Note	Practical advice and information based on clinical opinion and expertise
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Appendix C Full Disclaimers

This information is intended to provide general advice to practitioners and should not be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of any patient.

This information has been prepared having regard to general circumstances. It is the responsibility of each practitioner to have regard to the particular circumstances of each case. Clinical management should be responsive to the needs of the individual patient and the particular circumstances of each case.

This information has been prepared having regard to the information available at the time of its preparation, and each practitioner should have regard to relevant information, research or material which may have been published or become available subsequently.

Whilst the College endeavours to ensure that information is accurate and current at the time of preparation, it takes no responsibility for matters arising from changed circumstances or information or material that may have become subsequently available.