## Advice on driving after groin hernia surgery in the United Kingdom: questionnaire survey

Wael Ismail, Stephanie J C Taylor, Emma Beddow

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Surgical Directorate, Havering Hospitals NHS Trust, Harold Wood Hospital, Romford RM3 0BE Wael Ismail locum consultant surgeon

Department of General Practice and Primary Care, Queen Mary and Westfield College, University of London, London E1 4NS Stephanie J C Taylor senior clinical lecturer in health services research and development

Cardiothoracic Surgery, St Bartholomew's Hospital, London EC1A 7BE Emma Beddow senior house officer in general surgery

Department of

Correspondence to: W Ismail Wael@ismail.com

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Ambulatory surgery using modern repair techniques has changed the pattern of convalescence after repair of groin hernia by reducing postoperative pain and allowing early mobility. Driving after herniorrhaphy has potential safety, financial, and social implications. We surveyed the advice given to patients on driving after groin hernia surgery.

## Subjects, methods, and results

In 1998 we sent a questionnaire covering various aspects of hernia repair to a random sample of 200 consultant general surgeons in the United Kingdom selected from a list provided by the Royal College of Surgeons. A similar questionnaire was sent to the general managers of 30 day surgery units randomly selected from a list provided by the British Association of Day Surgery. We report their responses to questions concerning advice on driving after repair of groin hernia (under local or general anaesthesia) and the basis for this advice. We also asked the day units about the provision of written advice. A total of 126 surgeons (63%) responded and no reminders were sent. Twenty four questionnaires (19%) were excluded from the study: in nine the type of repair used was unclear or outdated,2 in seven surgeons did too few operations to comment, and in eight surgeons had relocated.

Surgeons' advice ranged from it was all right for patients to drive the same day (three respondents), to patients should wait six to eight weeks before driving (nine respondents), the most common response being that patients should wait two weeks (38) (table). Most surgeons (85) based their advice on common sense and traditional practice; 16 relied on published data to some extent. These 16 surgeons gave advice that varied from driving the next day to waiting three weeks. Laparoscopic surgeons (5) and those who used the Shouldice technique (8) gave advice that varied

Advice on driving given to patients after herniorrhaphy

Recommended convalescence before patients resume driving	No (%) of all surgeons (n=102)	their recommendations were based on published data (n=16)	Day surgery units (n=24)
As soon as they want to/feel comfortable	5 (5)	1 (6)	-
As soon as they can do an emergency stop	7 (7)	-	4 (17)
Same day as operation	3 (3)	-	-
After 24 hours	_	-	2 (8)
Next day	1 (1)	1 (6)	-
2-4 days	6 (6)	-	_
5 days	_	1 (6)	-
1 week	6 (6)	5 (31)	10 (42)
10 days	14 (14)	4 (25)	-
2 weeks	38 (37)	2 (13)	-
2-3 weeks	_	-	6 (25)
3 weeks	5 (5)	2 (13)	_
4 weeks	8 (8)	-	-
4-6 weeks	-	-	2 (8)
6-8 weeks	9 (9)	-	-

from driving within 24 hours to desisting for two weeks. The type of anaesthetic used did not seem to influence the advice: 98 surgeons gave the same advice for both local and general anaesthetics. More than a third (37%) of surgeons failed to respond to the questionnaire.

Twenty four (80%) day surgery units responded to the questionnaire and none was excluded. As with the surgeons, advice varied (table). Only two units (8%) said their advice was based on published data. Nine units (38%) did not provide written information about driving and only seven (29%) documented that this information was given.

## Comment

The advice on when to drive after groin hernia surgery given to patients by general surgeons in the United Kingdom seems to be inconsistent, varying from the day of surgery to two months after surgery. This inconsistency has been described previously. Even surgeons and day units that rely on published data give variable advice. Many day units do not provide written information on driving after hernia repair or fail to document what information has been given.

Factors that should be considered when advising patients on driving after surgery for a hernia include research evidence,<sup>4</sup> the medicolegal literature,<sup>5</sup> the possibility of developing a transient femoral nerve palsy, individual variation in postoperative pain and stiffness, and that patients may have been prescribed opiates. Furthermore, drivers of different types of vehicles need different advice.<sup>5</sup>

Surgeons and day surgery units should be able to provide patients with consistent, evidence-based information (verbal and printed) on driving different types of vehicles after surgery for hernia. National guidelines on this issue should be developed.

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