

## Temporary mydriasis and driving

Mydriasis is an important element of the ophthalmic assessment in many settings, and requires consideration in terms of its temporary impact on medical fitness to drive. This includes a decrease in the ability to recognize low contrast hazards and avoid them, a decrease in visual acuity and contrast sensitivity and increased glare sensitivity, and is almost certainly of most consequence in those with existing visual impairment.

While there is a degree of uncertainty about the attitude of the motor insurance industry on those who drive with dilated pupils despite fulfilling legal requirements, in the UK a motor insurance company refused to cover subsequent claims for damage for a patient who was involved in a road traffic accident returning home after retinal screening because her pupils had been dilated. She was subsequently prosecuted by the police for driving without valid motor insurance.

From a clinical perspective, given the widespread use of mydriatic agents in practice, it is important that clinicians have clear and straightforward guidelines on advising patients and their carers. In addition to individual advice dispensed in writing and verbally to patients, this advice should be displayed with due prominence in websites and literature associated with services where mydriasis is a routine element of assessment and care.

In the elective setting, such as in screening for diabetic retinopathy, the level of risk that might be accepted should be lower than for emergency cases, and it is appropriate that patients should be advised in writing ahead of their appointment not to drive to the assessment, and either use public transport, taxi, or arrange for another person to bring them to and from the appointment.

Should a patient present having driven to an elective appointment, they should be advised either to remake the appointment, or not to drive until they have adapted to the effects of mydriasis. Current advice on appropriate strategies to return to driving include waiting for four hours (NHS Screening Programme for Diabetic Retinopathy) and “do not drive until you can see clearly again” (British National Formulary). The advice offered should be annotated in the clinical notes.

This advice applies to bilateral application of mydriatics. In the case of unilateral instillation of a mydriatic, if the other eye has adequate vision then driving can resume. If there is not adequate vision in the other eye, then the advice is the same as for bilateral application.

Whether or not a patient drives after dilation remains entirely their decision, although the *Sláinte agus Tiomáint* guideline clearly states that one of the responsibilities of drivers is to adhere to prescribed medical treatment and monitor and manage their condition(s) and any adaptations with ongoing consideration of their fitness to drive.

If the patient declares an intention to drive after pupil dilatation without complying with clinical advice, the offer of a binocular visual acuity and contrast sensitivity tests prior to driving could support them should a subsequent accident claim be contested in a court.

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