

Alcohol, Bone and Wound Healing

Most of us enjoy a drink, and a glass with dinner is a normal part of life. But alcohol does have real effects on bones, on how wounds heal, and on how safely an operation goes – and those effects are worth understanding, not because anyone is judging your habits, but because a little planning around your surgery can genuinely help you heal faster and avoid problems. This page explains what alcohol does, and what small, temporary changes make the biggest difference. None of it is about giving up the things you enjoy for good – it’s about giving your body the best possible conditions to recover.

This is the alcohol companion to our page on smoking and healing: same supportive spirit, just a different substance.

How alcohol affects your bones

Bone isn’t a fixed, lifeless scaffold – it’s living tissue that is constantly being broken down and rebuilt, a bit like a road crew that’s always resurfacing. Special cells called **osteoblasts** lay down new bone, and regular heavy drinking blunts these cells so that less new bone gets made. Over years, that tips the balance towards thinner, more brittle bone – the condition known as **osteoporosis**.

Alcohol works against bone in a few overlapping ways:

- It directly **slows the bone-building cells**, so the skeleton isn’t renewed as well as it should be.
- It disturbs the **hormones** that keep bone strong (in men, for example, it can lower testosterone, which bone-building depends on).
- It interferes with how the body handles **calcium and vitamin D** – the raw materials and the “delivery system” bone needs – partly by affecting the gut, the pancreas and the way vitamin D is processed.

On top of all that, alcohol affects balance and judgement, so heavy drinkers simply **fall more often** – and weaker bones plus more falls is exactly the combination that leads to broken hips and wrists.

The encouraging part: bone responds when drinking eases off. Studies suggest that some of the lost bone strength can be **partly recovered** once heavy alcohol use stops. Your skeleton is more forgiving than you might think.

Alcohol and fracture healing

If you've broken a bone, healing it is an enormous building project – and it relies on those same bone-building cells that alcohol holds back. Heavy or binge drinking has been shown to **delay fracture healing** and leave the new bone (the “callus” that bridges a break) **weaker** than it would otherwise be. So during the weeks a fracture is knitting together, cutting back on alcohol gives that repair the best chance to set firm and strong.

Alcohol, wounds and infection

Healing a surgical wound asks a lot of your immune system: it has to fend off bacteria, clear away damaged tissue and build fresh, healthy skin and underlying tissue. Regular heavy alcohol **dampens the immune system** and slows that wound-healing machinery. The practical result, seen consistently in surgical studies, is a **higher rate of wound infections and wound-healing problems** in people who drink heavily – along with weaker, slower-to-close wounds and, at times, poorer scars. Giving your immune system a clearer run around the time of surgery is one of the simplest ways to lower that risk.

Around the time of surgery

Surgery is the moment when alcohol matters most, because it touches several things at once:

- **Bleeding.** Alcohol interferes with normal blood clotting, so it can act a little like a blood thinner. That can mean **more bleeding** during and after an operation than expected.
- **The anaesthetic and pain medicines.** Alcohol changes how your body handles these drugs, which can make the response in theatre less predictable – sometimes needing different doses. It's an especially important interaction afterwards: mixing alcohol with **opioid (strong) painkillers** adds up dangerously, deepening drowsiness and slowing breathing, and alcohol combined with **paracetamol** is hard on the **liver**. This is why it's best to avoid alcohol while you're taking these medicines.
- **Alcohol withdrawal in hospital.** This is the one most people don't expect. If your body has become used to regular drinking, suddenly stopping – as happens on admission to hospital – can trigger **withdrawal**, ranging from shakes, sweating and a racing heart to **confusion (delirium)** and, occasionally, seizures. It's a genuine medical risk, and it's entirely manageable **if the team knows to watch for it**. That's the single biggest reason we ask honestly about how much you drink: not to judge, but so we can keep you safe and comfortable.

Why honesty with your team matters

It can feel awkward to give an exact answer when you're asked how much you drink, and many people instinctively round down. Please resist that instinct. Your surgeon and anaesthetist aren't keeping score – they're using that number to make real decisions: how closely to watch for bleeding, how to plan your pain relief, and whether to put a withdrawal-prevention plan in place so you don't become unwell in hospital. **An**

honest picture genuinely makes your care safer. Whatever you tell us is confidential and is met without judgement.

Cutting down before and after surgery

Here's the good news, and it's well backed by the evidence: **cutting down or stopping alcohol for a few weeks before and after your operation measurably improves healing and lowers complications.** Trials of people who paused drinking for roughly **four to eight weeks** around surgery found fewer postoperative problems. You don't have to change your relationship with alcohol forever to get this benefit – a focused break around the operation does real work.

A few practical pointers:

- If you can, **plan a low- or no-alcohol window** in the weeks leading up to surgery, and continue it while wounds and bones are healing afterwards.
- **Don't drink while taking opioid painkillers or paracetamol** – that combination is where the real danger sits.
- For general health between operations, the safest pattern is **moderation**: several alcohol-free days a week and keeping any single session modest. If you're ever unsure what counts as moderate for you, ask us.
- If you drink heavily and surgery is coming up, **tell us early** rather than stopping abruptly on your own – a sudden stop can itself be risky, and we can help you taper down safely.

Getting support if cutting down is hard

For some people, easing off alcohol is straightforward. For others it isn't, and that's nothing to be ashamed of – it's common, and help is available and effective. Your **GP** is an excellent first port of call and can arrange support discreetly. There are also free, confidential phone and online services that can talk things through without any appointment. Reaching out is a sign of looking after yourself, not a failing.

When to seek help sooner

It's worth speaking to a doctor – not just before surgery, but in general – if you notice signs that alcohol has more of a grip than you'd like, such as:

- **Needing a drink to feel normal** or to get through the day
- **Shakiness, sweating, nausea or anxiety** when you haven't had a drink for a while (these can be early signs of withdrawal)
- Drinking more than you intend to, or finding it hard to stop once you start
- Drinking affecting your sleep, mood, relationships or work

If any of these ring true, please mention it to your GP or to us. Especially before an operation, knowing this lets us put the right support and safety measures in place – and outside of surgery, getting help early protects your bones, your healing and your health for the long run.

Call us if

- You have surgery coming up and aren't sure what to do about your drinking
- You drink regularly and want help cutting down safely before an operation
- You're worried about alcohol withdrawal, or you've had withdrawal symptoms before