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Post Op Instructions: ORIF (Open Reduction and Internal Fixation) Clavicle Fracture

You have undergone open reduction and internal fixation of your fractured clavicle. Your postoperative recovery will take several months. This protocol is to guide you through the first week and to describe the physical therapy that you will have during this time and as your recovery progresses.

SLING

You have been placed in a sling for the next 4-6 weeks, mostly for comfort and protection. You can remove the sling several times a day to move your elbow, wrist, and hand. However do not actively lift your arm.

BANDAGES/DRESSING/BATHING

A light compressive dressing has been applied to your shoulder to absorb some of the fluid. You may remove the dressing on post operative day three and may leave the incision open to air or may cover it with dry gauze dressing if it is still sensitive. If the dressing is saturated prior to day three you can change it earlier. If present, leave the steri-strip tape across the incisions. Incisions should remain clean and dry. You may shower and gently run water over incision but promptly dry after bathing; if incision is draining it should be covered with dry gauze dressing. If you are concerned about any redness or drainage of the incisions please call the office.

SWELLING

Some swelling of your arm, hand and fingers is normal. The swelling can be decreased by elevating your arm on a few pillows when lying down. Swelling can be further controlled by cold therapy over the surgical site.

BRUISING

Some bleeding from the surgical site and subsequent bruising down the arm (and sometimes all the way to the hand) is normal, and will go away with time.

FEVER

A low grade fever (less than 101°) is common within the first 3-5 days following surgery. If the fever is higher or lasts longer, or is accompanied by increasing pain at the site of surgery, you could have an infection. If this occurs, please call our office for advice.

ACTIVITY

Fracture healing takes approximately six weeks. You may remove the sling each day for the purpose of taking a shower/bath or elbow/shoulder exercises. You will be shown exercises that you may do which facilitate recovery of your motion and do not risk fracture displacement. You should not lift or carry anything for the first six weeks. You

should not drive until you are off narcotics (within a few weeks usually) and have good control of your arm, which likely will be about 2-4 weeks following surgery.

SLEEPING

Patients often find that they are more comfortable sleeping in an upright position following shoulder surgery. Whether this requires just another pillow or two, a triangular pillow, or even a "Lazy Boy"-type recliner, you may find sleeping in this position more comfortable for the first few weeks. However, such position is not necessary to protect the repair; it is simply a matter of your comfort.

MEDICATIONS

You were given one or more of the following medication prescriptions before leaving the hospital. If you need a refill on your medication, please call the office by early Friday morning to insure that you will have your medications over the weekend.

Narcotics (Oxycodone, Hydrocodone): Some patients do not like to take medications but if you wait until your pain is severe before you take the narcotic pain medication, you will be very uncomfortable. Try to stay ahead of your pain. Always take the medications with food and do not drive while taking narcotic pain medications. Narcotic pain medications can cause side effects, the most common of which is nausea and constipation. If this occurs, trying taking zofran or phenergan to control the nausea. Also you might need to temporarily use a stool softener to alleviate the constipation.

Non-Steroidal Anti-Inflammatory Drugs (Advil, Motrin, Naprosyn): We do not recommend taking NSAID medications until the fracture is completely healed.

Acetaminophen (Tylenol): The provided pain medicine narcotic will typically contain acetaminophen so be cautious when taking additional acetaminophen to control your pain. Daily intake of acetaminophen should not exceed 3500mg.

Anti-Nausea Medication (Phenergan, Zofran): Try to stay ahead of your nausea and take the medication as soon as you begin to feel nauseated.

Antibiotics (Keflex, Clindamycin, Levaquin): Depending on the procedure you may have been discharged home with a course of antibiotics, take them as directed.

FOLLOW -UP

You should be scheduled for a post-op appointment within the 10-14 days following surgery, at which time we will review your surgical findings, post-operative program and answer any of your questions.

PHYSICAL THERAPY

Physical therapy may have been started in the hospital, and as an outpatient will likely be continued in the first 1-2 weeks after surgery.

IN CASE OF EMERGENCY

Please contact me (Curtisbush@texashealth.org) or call the office phone number in case of an emergency. If your call or email is after hours or on the weekend, your call will be patched through to the answering service and either myself or one of my associates will assist you.