
Post-op Instructions for Proximal Humerus ORIF

These instructions are to compliment the information given by the nursing staff and physical therapists. They cover many of the common questions.

Wound Care

- Dressings are to be kept clean and dry. You may remove the waterproof “aqua-cell” dressing after 5-7 days post-op. After that, you may change the dressing daily if desired. After removing the old dressing replace with 4x4 gauze pads and secure with tape. A small amount of clear drainage or bleeding is normal. If this is happening, the dressing should be changed daily.
- You may get the incision wet when showering 3 days after surgery. The shower should be brief and the wound patted dry with a clean towel. No baths or soaking the incision until 2 weeks after surgery, sutures have been removed, and scabs are absent. It may be comfortable to use a rolled up towel as a pillow under your arm while showering.
- If purulent drainage (thick white or greenish in color) is coming from the wound, or the wound has increasing redness, or if you are having a temperature of 101, please report these symptoms to your surgeon or the doctor on call.

Pain

- Ice your shoulder as frequently as possible. We recommend 4-5 times per day for 20 minutes per time. You may use either the ice bag or cooling device given to you at the hospital or simply place ice in a zip lock bag, wrap it in a towel, and place on the shoulder. Do not place ice or cooling devices directly on the skin as it may cause skin damage.
- Narcotic pain medication will be prescribed for use after you leave the hospital. Try to wean down as tolerated. These medications can cause constipation and you may want to use an over the counter stool softener. Tylenol products may be used instead of the prescribed pain medication. The prescribed narcotic medications should not be taken at the same time as plain Tylenol. You may supplement your pain medication by using ibuprofen or Aleve for any breakthrough pain. It can help to stagger your pain medication with ibuprofen or Aleve as needed. If a refill of medication is needed, please call the office during regular business hours, Monday-Friday 8:00 a.m. to 5:00 p.m. In general, refills will not be made after hours or on the weekends, so please plan ahead.

Driving

- To drive you must no longer be taking narcotic pain pills, (plain Tylenol is allowed). Also, you must feel strong and alert. You need to leave your arm in the sling to hold the bottom of the steering wheel, and should not actively raise your arm until cleared by physical therapy. Most people start driving approximately two weeks after surgery, but use your judgment as to whether or not you feel ready to drive.

Exercises

- You will be in a sling for 4-6 weeks after surgery. Initially, you should wear the sling at all times and only remove it for exercises and showering. Feel free to adjust the sling as needed to make it more comfortable. Your Physical Therapist will progress your therapy and wean you out of the sling when appropriate.

- Upon discharge from the hospital you are encouraged to perform hand, wrist and elbow range of motion exercises 4-5 times per day. These exercises will help to decrease swelling. Pendulum exercises are encouraged 2-4 times daily and should begin the day after surgery. These exercises consist of bending at the waist and performing gentle circles as your arm dangles from your shoulder. You should not attempt to elevate the surgical arm under its own muscle power. Your Physical therapist will progress your activity appropriately.

Follow-up

Make sure an appointment has been scheduled for you for approximately 10-14 days after surgery. X-Rays may be performed at this appointment.

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