

Post-op Instructions for ORIF Proximal Humerus Fracture

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

WOUND CARE

Keep your initial dressing in place and keep dry for the first 3 days after surgery. A small amount of clear drainage or bleeding is normal. You may remove your dressing 3 days post-op. After removing the old dressing, replace it with 4x4 gauze pads and secure with tape. Change the dressing daily until seen back or until no drainage is present. Leave the steri-strips in place until they peel off gradually.

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 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 if using an ice pack. If you were given a cooling device by the hospital you can ice as much as needed without restrictions. Do not place ice or cooling devices directly on the skin as it may cause skin damage.

Narcotic pain medication may 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. You may also be prescribed/may take acetaminophen (Tylenol) and anti-inflammatories (aleve, advil, ibuprofen, etc) as well. You may take these medications instead of, or in addition to, the prescribed narcotic pain medication. You should not take plain acetaminophen (Tylenol) if it is combined with your narcotic. It can help to stagger your pain medication 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. 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/your MD care team. Most people start driving approximately 2-4 weeks after surgery but use your judgment as to whether 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 will likely be performed at this appointment and subsequent appointments to assess healing of the fracture.

Nathan Harris, MD
Chippewa Valley Orthopedics & Sports Medicine
(715) 832-1400