CHIPPEWA VALLEY
ORTHOPEDICS AND
SPORTS MEDICINE
www.cvosm.com

1200 OAKLEAF WAY STE A
ALTOONA WI 54720
TEL 715.832.1400

757 LAKELAND DR. STE B
CHIPPEWA FALLS WI 54729
TEL 715.723.8514

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/SHOWERING

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, 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 persistent drainage, increasing redness, temperature of 101, please report these symptoms to your surgeon or the doctor on call.

SWELLING/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.

MEDICATIONS

Listed below are the typical medications prescribed for postoperative pain management after orthopedic surgery. This does not necessarily mean that you will receive all these medications, but this information can be very helpful.
Pain after surgery is expected. The goal after surgery is not to be pain free, but to make it tolerable. Some pain is beneficial as it lets our bodies know what not to do.

It is important for pain management to also to use RICE (rest, ice, compression and elevation) routinely to assist with pain and swelling.

ACETAMINOPHEN

This medication is more commonly known as Tylenol. This medication, when combined with the other medications listed below, can amplify overall pain management. Recommended taking this on a regular schedule for baseline pain management.
Max daily dose 3000 mg/day

IBUPROFEN

NSAIDs should be taken with food on a regular basis and should not be taken with prescription blood thinners. You can take scheduled or as needed as well with the acetaminophen. For best pain control, you may want to stagger the two medications evenly throughout the day.
Max daily dose 2400 mg/day

MUSCLE RELAXERS (CYCLOBENZAPRINE/TIZANIDINE)
Muscle relaxers may be prescribed after joint replacement to decrease pain related to muscle spasms. Also recommend staying hydrated, massage, elevation, gentle movement, ice, heat and stretching to manage muscle related symptoms after surgery.

NARCOTIC MEDICATIONS (OXYCODONE, HYDROCODONE, TRAMADOL)
If the above pain medications do not provide adequate pain control this may be used for additional pain management and added to your scheduled regimen. Narcotic medications are stronger and used for "breakthrough pain". Breakthrough pain is an abnormal increase in pain that is not being well covered by the above medications.
Side effects of narcotics can include constipation, nausea, confusion, cloudy thoughts, and itchiness. Make sure to stay well hydrated, be up and walk short distances frequently, and take over the counter stool softeners as long as you are taking narcotics. As your pain improves after surgery you can wean off narcotics gradually by increasing time between doses and/or decreasing amount (i.e. cutting tablets in half).

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/SLING
You will be in a sling for 4-6 weeks after surgery. Initially, you should always wear the sling 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. PT will start with MD orders based on fracture type and healing.

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.

Austin Crow, MD
Chippewa Valley Orthopedics & Sports Medicine
(715) 832-1400