

POST-OPERATIVE INSTRUCTIONS

Clavicle Fracture Open Reduction Internal Fixation

Activity

 Try and rest the first few days following surgery. Wear your sling for the first 4 weeks following surgery. You may gradually wear yourself out of the sling after this.

 From weeks 2 – 6 after surgery please wear the sling when out of the home to attend large public events as a "people protector" so that others are aware that you are nursing an injury and do not bump into you.

Ice can be used as much as possible for the first 3-4 weeks to help decrease swelling.

 You may remove your arm from the sling 4-5 times a day and begin the enclosed home exercises (specific instructions included in this handout) the day after surgery.

Pendulum & Codman exercises: Using gravity and momentum, gently move your arm in small, slow circles for approximately 5-10 minutes.

□ Elbow & wrist range of motion exercises: Gently bend and extend your elbow to help prevent stiffness.

- You may also gently bend and extend your elbow to prevent stiffness.
- Do not lift any objects greater than 1 pound for the first 4-6 weeks

 Driving is not recommended for the 1st 2 weeks following surgery and contraindicated when taking narcotic pain medication.

 Return to (sedentary) work or school the day after surgery if pain is tolerable. Return to heavy labor will be determined by Dr. Ussef

Dressings

 Dressing should remain in place for 7 days. You can shower with the dressing on as it is waterproof. After 7 days, it is okay to remove the dressing. You can then shower with the dressing off after day 7 but do not vigorously scrub at the incision site.

 Please DO NOT BATHE, HOTTUB, OR SOAK/SUBMERGE THE INCISION IN WATER as this can increase risk of infection. Wait 6 weeks from surgery or until you are directed to do so.

 Small amounts of bloody drainage, numbness at incision site, swelling, and bruising are normal findings following surgery.

• Do not use bacitracin or any ointments under band-aids.

• ICE – while you are resting place cold ice packs on your shoulder/clavicle for 15-20 minutes at a time. Place a clean, dry towel or pillowcase between your skin and the cold pack. Ice can be used as much as possible for the first 3-4 weeks to help decrease the swelling.

• You may have also been given a prescription for enteric coated Aspirin 81mg which you should take twice daily with food to decrease the risk of post-operative blood clot formation.

Physical Therapy

• The need for a timing of outpatient physical therapy will be determined by Dr. Ussef

and discussed at your first post-operative visit.

• Please perform your prescribed home exercises to help facilitate early shoulder

range of motion and to prevent stiffness in your elbow and wrist.

Follow Up

• You have likely already been scheduled for your first post-operative visit. If you have not received an appointment please contact the office to schedule an appointment 10-14 days after your surgery.

• You will be seen by Dr. Ussef for your first post-operative visit to review your intra-operative findings and to go over any questions you may have.

- If necessary, sutures will also be removed at that time.
- Call the office immediately if you develop a fever (>101.5), chills, excessive incision

drainage, calf pain, or persistent arm numbness.

• If you have any questions or concerns please feel free to call the office.

EMERGENCIES**

- Contact our office (Stockdale 664-2200 ; Q street 326-2000) immediately if any of the following are present:
- Painful swelling or numbness (note that some swelling and numbness is normal)
- Unrelenting pain
- Fever (over 101° it is normal to have a low grade fever for the first day or two following surgery) or chills
- Redness around incisions
- Color change in distal arm and/or hand
- Continuous drainage or bleeding from incision (a small amount of drainage is expected) ·
- Difficulty breathing

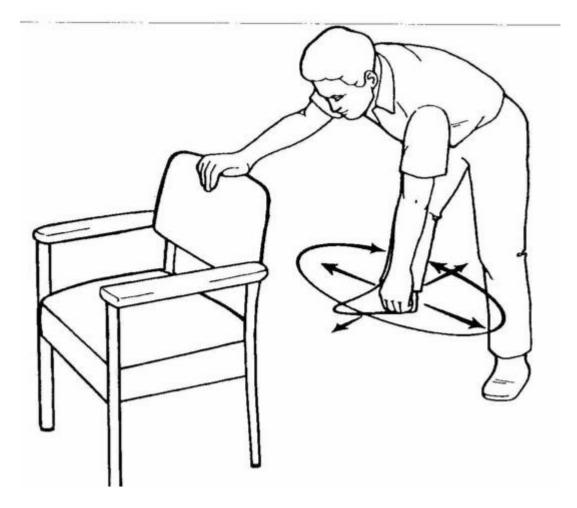
- Excessive nausea/vomiting
- Calf pain
- If you have an emergency **after office hours** that requires immediate attention proceed to the nearest emergency room.

FOLLOW-UP CARE/QUESTIONS

• Typically the first post-operative appointment following surgery is 10-14 days following surgery

Home Exercises

Pendulum's



Stand supporting yourself on a table with your good arm. Let your other arm hang down completely relaxed and slowly move it in a circular motion both clockwise and counter clockwise. Keep your circles within the width of your feet.

Elbow Curls:

Come out of your sling. Without any extra weight, use your good hand to help bring your other hand towards your shoulder by bending your elbow. Then slowly lower your arm back to a straight position. Then repeat.

Wrist Curls:

While in and out of your sling, make a light fist and move your operative wrist in an up and down movement slowly like you are knocking on a door.

Ball Squeezes:

While in and out of your sling, squeeze ball to exercise the hand, fingers, and wrist muscles. This exercise can be very effective to help promote good circulation and prevent excessive swelling.

* All exercises to be done for 5-10 minutes, 4-5 times a day.

MEDICATIONS

- Narcotic pain medication (Norco)
 Mobic (Anti-inflammatory)
 Tylenol (pain)
 Aspirin (To reduce risk of blood clots)
 Zofran (Anti-nausea)
 Miralax (Laxative, over the counter)

Multimodal Medication Guide For After Surgery			
Day	Medications	Notes for Tracking your Medications	
The Day You Come Home			
	Take your Norco 5 mg as needed for pain not controlled by the other medications		
	Take 1 tablet. Wait 30 minutes. If you still have pain, take a 2nd tablet. Maximum 2 tablets per 6 hour period.		
1 Day After Discharge	Take your Meloxicam 15 mg 45 minutes before your normal bedtime		
	Take your T ylenol 1000 mg (2 tablets of 500 mg) for pain every 8 hours		
	Take your Norco 5 mg as needed for pain as described above		
	Take your Aspirin 81 mg every 12 hours for blood thinning		
	Take your Miralax for constipation at breakfast		
2 Days After Discharge	Take your Meloxicam 15 mg 45 minutes before your normal bedtime		

	Take your T ylenol 1000 mg (2 tablets of 500 mg) for pain every 8 hours	
	Take your Norco 5 mg as needed for pain as described above	
	Take your Aspirin 81 mg every 12 hours for blood thinning	
	Take your Miralax for constipation at breakfast	
	If you have not had a bowel movement, drink 1 bottle of Magnesium Citrate	
3 Days After Discharge	Take your Meloxicam 15 mg 45 minutes before your normal bedtime	
	Take your T ylenol 1000 mg (2 tablets of 500 mg) for pain every 8 hours	
	Take your Norco 5 mg as needed for pain as described above	
	Take your Aspirin 81 mg every 12 hours for blood thinning	
	Take your Miralax for constipation at breakfast	
4 Days Through 6 Weeks After Discharge	Take your Aspirin 81 mg every 12 hours for blood thinning (stop after 4 weeks)	
	Take your Meloxicam 15 mg 45 minutes before your normal bedtime (call if need beyond 4 weeks)	
	Take your T ylenol 1000 mg (2 tablets of 500 mg) for pain every 8 hours	
	Take your Norco 5 mg as needed for pain as described above	
	Take your Miralax for constipation at breakfast (may stop once your normal bowel routine returns)	

• Narcotic pain medication, one to two pills every 6 hours around the clock. You do not have to be woken up to take a pain pill. The special care nurse will prescribe this for you after your first appointment.

- Your prescribed narcotics contain acetaminophen (also known as Tylenol), which is toxic to your liver. Please do not supplement your prescribed medications with Tylenol. Do not take more than 4000mg of Acetaminophen (Tylenol) in a 24 hour period. Keep in mind the Norco has 325mg of tylenol in it that you need to account into the max daily amount.
- Take opioid / narcotics medications AS NEEDED. If you have severe pain, narcotic medication can be taken on a schedule; one or two pills every four hours while awake. As the pain decreases, you can gradually lengthen the time between doses.
- Common side effects of the pain medication are nausea, drowsiness, and constipation – to decrease the side effects, take medication with food – if constipation occurs, consider taking an over-the-counter laxative, such as MiraLax.

Take this over-the-counter medication if you have constipation after taking narcotics.

- If you are having problems with nausea and vomiting, stop taking your opioid / narcotic pain medication. If these symptoms persist, contact the office or go to urgent care.
- Do not drive a car or operate machinery while taking the narcotic medication

Zofran (also known as Ondansetron) is a medication used to prevent nausea and vomiting. Take one tab AS NEEDED for nausea or vomiting every 6 hours.