



General Post-Operative Instructions

Clavicle Fracture Fixation

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WOUND CARE

- After surgery, wounds are typically covered with a dressing. This is typically a waterproof dressing and is designed to be left in place until your first follow up appointment. If it becomes saturated, it can be replaced with a gauze dressing.
- There may be stitches or staples visible when changing dressings. These should be left in place until removed in clinic.
- You may shower with the dressing in place. Do not submerge the wounds in water (bathtub, pool, lake) for at least 2 weeks after surgery.
- If the dressings become saturated or drainage continues beyond the first few days, call the office.

ICING

- Icing is an important part of recovery from surgery. It is used to decrease swelling and inflammation.
- Always ensure the ice does not directly contact the skin to decrease the risk of cold injury.

DIET

- After surgery, some patients experience nausea. This can be related to anesthesia or pain medication. It is best to begin with clear liquids and light food (crackers). You may progress slowly to your normal diet if not nauseated.
- Patients are often prescribed an anti-nausea medication after surgery. This can be used to treat nausea. If nausea or vomiting persists despite medication, call the office.
- Pain medication can also cause constipation. In addition to discontinuing the pain medication when appropriate, an over-the-counter laxative, high-fiber diet or fruit juice may be helpful.

MEDICATIONS

- Most home medications may be resumed the evening of surgery or the following day unless specifically directed by your surgeon or primary care provider.

- Typically, patients are given a prescription for narcotic pain medication. Most commonly, this is hydrocodone + Tylenol (Norco) or oxycodone + Tylenol (Percocet). This should be used as instructed if pain is not otherwise well-controlled. Typically, patients require narcotic pain medication for around 2-5 days following surgery.
- Try to take pain medication with food to help decrease nausea.
- Prescribed pain medication may already have Tylenol (Acetaminophen) mixed with it. Do not take any other medications that include Tylenol while taking these pain medications. Taking too much Tylenol can cause liver damage.
- Taking medication prior to bedtime may help with sleeping.
- Do not drink alcohol or drive while taking narcotic pain medication (hydrocodone, oxycodone, dilaudid, etc.).
- Pain medication typically takes about 30-45 minutes to take effect.
- Some patients may receive a nerve block prior to surgery. This block lasts a different length of time in each patient, but typically lasts 12-18 hours. When you begin to feel some tingling in the extremity, the block is beginning to wear off. This is a good time to begin taking oral pain medication.
- Pain medication likely will not take away all of your pain. It is okay and expected to have some discomfort.
- Because of the risks of prolonged narcotic use, in most cases narcotic pain medication will not be prescribed after 4-6 weeks from surgery. Plan to wean narcotic use after surgery accordingly.

ACTIVITY

- A sling is typically used after surgery. There will be a strap over your shoulder that can be adjusted to keep your elbow bent at about 90°. Try to keep your hand level with or above your elbow to prevent hand swelling.
- Sleeping in a recliner or propped up in a bed is often more comfortable than lying flat initially after shoulder surgery. You should sleep with the sling in place.
- You may remove the sling to flex and extend your elbow and open and close your hand to encourage circulation and prevent stiffness.
- Return to work depends on your job requirements, specifics of your surgery and pain/swelling levels. This can be discussed at your follow-up appointment.
- Do not resume sports, use exercise equipment or perform strenuous physical activity (including lifting weights) until your surgeon/therapist says it is okay.
- Physical therapy is sometimes prescribed after surgery. This is an important part of your recovery and we encourage patients to attend all physical therapy appointments.
- Return to driving after surgery is okay once narcotic pain medication has been stopped and you are cleared by your surgeon. The length of time until patients are able to return to driving varies depending on the specific surgery performed. This can be discussed with your surgeon during a clinic visit after surgery.

BLOOD CLOT PREVENTION

- Though uncommon, blood clots (also called deep vein thrombosis or DVT) can occur after surgery. To decrease the risk of this problem, you should flex your ankle and toes up and down ten times per hour for the first 2-3 weeks after surgery.

- Most patients will be instructed to take 325mg aspirin daily for 2 weeks after surgery.
- Be sure to let your surgeon know if you have a history of blood clots.

REASONS TO CALL THE OFFICE

Please call the office for any of these concerns:

- Fever above 101.5°F
- Excess pain or swelling of the calf
- Excess drainage at surgical incisions
- Worsening pain in the operative shoulder not controlled with medication
- Excess nausea/vomiting
- Numbness in the operative arm
 - Some numbness can be expected initially after surgery if a nerve block was used
- Redness around the incision site
- Any other questions or concerns

FOLLOW-UP APPOINTMENT

- A post-operative follow-up appointment will be made for you at the time your surgery is scheduled for 2 weeks after surgery. If you do not have an appointment scheduled after surgery, please call our office.

SUGGESTED VIDEOS

Please scan the QR codes below to watch Dr. Hess patient education videos for additional post-op instructions.

Shoulder Sling Instructions



Shoulder Post-Op Exercises

