

## Postoperative Instructions: Proximal Humerus Open Reduction and Internal Fixation

- **GENERAL**

- Your surgery was performed through an incision at the front of your shoulder. You will have some sharp pains in this area because of this. This will improve over the next several days. The repair of the tendon and capsule at the front of the shoulder is strong, however, we will protect it over the next few weeks which is why your motion will be limited.

- **DIET**

- Begin with clear liquids and light foods (jellos, soups, etc.)
- Progress to your normal diet if you are not nauseated
- Take Zofran prescribed to you if you develop nausea

- **WOUND CARE**

- It is normal to notice some blood on your operative dressing following surgery – if blood soaks through the bandage, do not become alarmed – reinforce with additional dressing
- Remove surgical dressing on the third post-operative day – if minimal drainage is present, apply dry gauze over incisions and change daily – you may then shave around the wound as long as the wounds remain sealed with a large piece of gauze and tape
  - **REMOVE THE ACE WRAP, GAUZE WRAP AND GAUZE. DO NOT REMOVE THE WHITE BANDAIDS (STERISTRIPS) ACROSS THE SKIN OR ANY SUTURE MATERIAL YOU NOTICE**
- If you note increasing drainage on the gauze, increased redness around the wound (spreading), or milky drainage from the wound, please call the office
- To avoid infection, keep surgical incisions clean and dry – you may shower the day after surgery; however, you cannot immerse the wound (i.e.bath) or let water run over the wound

- **MEDICATIONS**

- The incisions are injected with a medication that makes the area numb; however, this will wear off in 8-12 hours. We recommend that you start pain medications when you get home so that they are on board before this wears off.

- Along with this, typically patients receive a block that makes the entire arm numb. This also wears off in 8-12 hours and you will notice a difference in your pain control. Please start taking the Norco when you get home every 4 hours initially even if not in pain so this is in your system when the block wears off.
  - Most patients will require some narcotic pain medication for a short period of time – this can be taken as per directions on the bottle and is given for a maximum of 6 weeks.
  - 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
  - If you are having problems with nausea and vomiting, try the Zofran prescribed and contact the office to possibly have your medication changed (989) 583-7450
  - Do not drive a car or operate machinery while taking the narcotic medication
  - Ibuprofen 200-400mg (i.e. Advil) may be taken in between the narcotic pain medication to provide baseline relief, reducing the overall amount of pain medication required, and increase the time intervals between narcotic pain medication usage
  - We recommend all patients take 325mg of Aspirin daily starting the day after surgery for 3 weeks to help prevent blood clots.
- **ACTIVITY**
    - Keep your arm in the sling at all times until the first postoperative visit
    - NO driving until instructed otherwise by physician and no driving while taking narcotics
    - May return to sedentary work ONLY or school 3-4 days after surgery, if pain is tolerable
  - **SLING**
    - Your sling should be worn at all times (day and night – except for exercises)
    - The sling can be removed for showering but the arm should remain supported
  - **ICE THERAPY**
    - Begin immediately after surgery
    - Use icing machine or ice (if machine not prescribed) every 2 hours for 20 minutes daily until your first post-operative visit. Icing is a perfect time to also perform elevation.

- **EXERCISE**
  - Formal physical therapy (PT) will begin after your second post operative visit
  
- **EMERGENCIES\*\***
  - Contact Dr. Kerns at (989) 583-7450 if any of the following are present:
    - Painful swelling or numbness
    - Unrelenting pain
    - Fever greater than 101.5° at least 48 hours after surgery surgery) or chills
    - Redness that is spreading around incisions
    - Continuous drainage or bleeding from incision (a small amount of drainage is expected)
    - Excessive nausea/vomiting
    - Difficulty breathing/chest pain - Consider going directly to the emergency room if this is persistent
  - **\*\*If you have an emergency after office hours or on the weekend, contact the same office number (989) 583-7450 and you will be connected to our page service – they will contact Dr. Kerns**
  - **\*Do NOT call the hospital or surgicenter.**
  - **\*\*If you have an emergency that requires immediate attention, proceed to the nearest emergency room.**
  
- **FOLLOW-UP CARE/QUESTIONS**
  - You will receive a call within 48 hours of surgery to check on your status. Typically this will be the night of surgery
  - If you do not already have a postoperative appointment scheduled, please contact the office during normal office hours(989) 583-7450 and ask for appointment scheduling.