

Proximal (upper) humerus (arm bone) fractures (breaks) are common injuries. Some need surgery to fix the bone, but 85% of these injuries can be treated without surgery.

Surgery may be recommended if the bones are in a 'bad position' after the break. There are important tendons for shoulder function called the 'rotator cuff tendons' that attach to this area of the bone. If the break heals in a poor position, there could be a significant loss of function or movement in the shoulder, which is why surgery may be recommended.

There are different types of surgery performed to fix these types of fractures. These are the most common:

- **Fixation or ORIF (Open Reduction Internal Fixation):** this is the most common surgery. In this surgery, the bones are repositioned to back to where they should be and then held in position with screws, plates, heavy sutures or other means. The bones will go on to heal, usually within 6-10 weeks.
- **Hemi-arthroplasty:** this is a partial shoulder replacement. This operation is performed when the bone is so badly broken that it would not be possible to put it back together or that it would not heal.

What to expect: While the bone heals usually within 1-2 months, recovery takes much longer. Typically most of the recovery is completed by 4-6 months. Some stiffness is common after these injuries and can be very frustrating, but improvement continues for at least 6-12 months after the injury. Stiffness is often because of scar tissue and will improve with the right exercises and working through some discomfort, once your surgeon allows.

This operation is performed in the operating room most commonly under general anesthesia, sometimes block anesthesia 'freezing the

arm'. The surgery usually takes between 60-120min. Usually, one can go home the same day as the surgery but sometimes an overnight hospital stay is needed.

Going Home:

- Arrange to have someone take you home after surgery, even if you are taking a taxi

Bathing:

- Keep your dressings dry for the first 5 days after surgery. Cleanse around the area or use a plastic bag sealed with duct tape to keep the dressings dry.
- If the dressings get wet, change them
- If your wound does not have any fluid coming out of it, you may get the wound wet in the shower 5 days after surgery
- You may bathe 2-3 weeks after surgery, if the wound is healed and dry

Care of your Incision & Wound:

- Your wound may ooze fluid for 24-48 hours
- You do not need to change your dressings if you do not want to -- you can just leave them clean, dry and covered until your follow up appointment 10-14 days after surgery
- Buy either 'mepore' or waterproof 'aquacell' dressings
- Buy 'mepore' dressings at pharmacy. You must apply a new mepore dressing after each shower.
- Buy waterproof 'aquacell' dressing at One Bracing @ Rebalance^{MD}. You may shower with the aquacell dressing on and it does not need to be changed.

How to change your dressings:

- Wash your hands with soap & water before you take care of your wound
- Throw out the white gauze bandages—the dressings will be stained with blood - and remove the white mepore dressings.
- Do not remove the Steri-Strips- small tapes that may be right on top of the wound. They will fall off themselves.
- Cover wounds with new dressing. Apply new 'mepore' or waterproof 'aquacell' dressing.

Activity:

- Do not use your broken hand to lift anything heavier than 1 lb (a large coffee mug) until you discuss with your surgeon - usually this is for the first 4-6 weeks after the break
- Use your shoulder as directed by your surgeon
- Wear your sling as directed by your surgeon - usually your surgeon will ask you to wear the sling full time for at least 3 weeks after the break or surgery
- Gradually resume normal activities like walking; recovery is gradual and it is normal to feel weak and tired for a couple of weeks after surgery
- Your surgeon will give you specific instructions about what kind of physiotherapy is recommended and when to begin
- Remove your arm from your sling 2-4 times per day to gently stretch out the hand, wrist and elbow
- Perform pendulum exercises as shown below starting within a few days of surgery

Tips for Living with a Sling:

- Many normally simple activities, like dressing, putting on shoes etc. can be more difficult with a sling on.

- This guide offers many tips on how to prepare for your time in a sling.
- Please review it prior to surgery and after.
- See:
http://rebalancemd.com/patient/downloads/Shoulder_Guide.pdf

Pain:

- Discomfort will be moderate for the first few days and will gradually get better
- In the first day or two after the break or surgery, it is better to give the pain medication regularly e.g. every 4-6 hours, rather than wait until the pain is bad.
- Use any pain medications as prescribed by your surgeon
- Gradually reduce your pain medications as your pain decreases

Swelling & Bruising

- Expect swelling and bruising for a few weeks following the surgery. This is due to the trauma from the fracture and from the surgery.
- The swelling and bruising may go below the elbow into the wrist and hand or into the front of the chest.
- When resting, sit with the elbow and forearm supported with pillows and elevated

Icing:

- Apply ice packs or use a cryo therapy 'ice machine' to reduce pain and swelling
- Apply ice for 10-15 minutes, 4-6 times per day
- Never apply ice directly to skin

Return to Work:

- When you are able to return to work depends on:
 - the kind of job you have and its physical demands
 - how much pain & swelling you have after your injury
 - how your recovery is progressing
 - if you are able to modify your job or work from home
- Your surgeon will help you decided when to return to work
- Expect to take off at least 4-8 weeks for a desk job that does not require much use of both hands
- Expect to take off 3-6 months for more physically demanding work

Healthy Eating:

- Start with clear fluids after surgery
- Gradually increase to a well balanced diet as your appetite allows
- Drink at least 6 cups of fluids daily

Going to the Bathroom:

- Changes in medications, activity and diet can cause constipation (hard, dry bowel movements)
- To avoid constipation, drink lots of fluids, eat high fibre foods such as prunes, fruits, bran, whole grains and vegetables
- Take a stool softener or laxative if needed. Ask your surgeon or pharmacist to suggest one.

Driving:

- Do not drive while taking pain medications

- Discuss with your surgeon when it is safe to drive but expect that you will not be able to drive for at least 6-8 weeks after the break
- If your ability to safely drive (e.g swerve sharply, perform an emergency stop) is impaired, your insurance may not be valid in the case of an accident

Your Medications:

- Resume your regular medications unless instructed otherwise by your surgeon

Supplies/special equipment:

- A sling will put on in the emergency department or operating room.
- **Upgraded Shoulder Slin:** If you find the sling supplied by the hospital quite irritating or uncomfortable, you may wish to buy a more padded sling which some patients find more comfortable. This is entirely optional. These can be bought at One Bracing @ Rebalance^{MD} or other medical supply stores such as McGill & Orme, Island Orthotics and others.

Follow Up Appointment:

- A post-operative appointment should be scheduled for approximately 10-14 days post surgery
- Call the office if you do not have an appointment scheduled
- Write down your questions for the surgeon before the appointment

Call your Surgeon if you have:

- Increasing pain or swelling that is not relieved by elevation, ice and pain medications

- Bleeding that continues even after applying direct pressure for 10-15 minutes
- Incisions that are red, puffy, hot or leaking fluid more than 48 hrs after surgery
- Fever greater than 38°C
- Signs of circulation problems (e.g coolness, change in skin colour, numbness) which is not relieved by rest
- Persistent nausea and vomiting
- Inability to pass urine for more than 8-10 hours
- Chest pain or shortness of breath that is unusual for you

If you cannot reach your Surgeon:

- Call your family doctor, go to a walk-in clinic or hospital emergency department

Non-emergency health information and services:

- HealthLinkBC www.healthlinkBC.ca
- Tel: 811 from anywhere in BC
- Tel: 711 for deaf and hearing impaired assistance (TTY)

Physiotherapy Exercises for Shoulder Surgery Patients

You may begin these exercises immediately after surgery unless told otherwise by your surgeon. Do the exercises 2-3 times per day for around 10 repetitions each each.

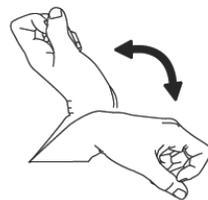
Your surgeon will give you a prescription to see a physiotherapist and tell you when to see a physiotherapist.

Elbow Movement Exercises:

1. Elbow Flexion-Extension: sitting up or lying down, take your sling off and keep your arm by your side. Straighten your elbow as far as possible. You can use your non-operated arm to help guide. If you have had a biceps tendon repair, do not do this exercise until approved by your surgeon.



2. Wrist Flexion-Extension: Keeping your arm at your side, bend your wrist forwards and backwards as

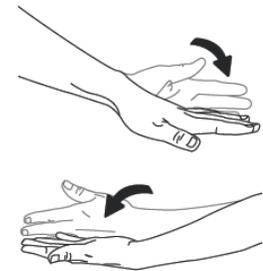


far as possible. You may need to help with your non-operated hand.

3. Grip: Make a fist or squeeze a rolled up cloth or tennis ball



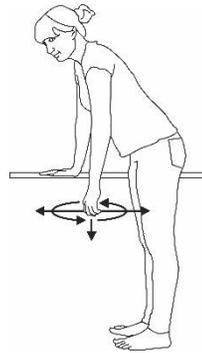
4. Palm Up/Palm Down: keeping your arm at your side, start in a hand shake position. Slowly rotate your palm down as fully as possible and up as fully as possible until you feel a stretch in your forearm. If you have had a biceps repair, do not do this exercise until approved by your surgeon.



Shoulder Pendular Swing Exercises

Spend about 15 minutes, 3 times a day exercising your shoulder.

- Rest your good arm on the edge of the table
- Bend over from your waist
- Allow your affected arm to hang down – it should hang limp and loose
- Swing the arm back and forth in a smooth pendular motion about 10 times
- Then allow the arm to circle gently in a clockwise direction with circles that grow gradually larger. Repeat 10 times.
- Now go counter clockwise. Repeat 10 times.



The information in this handout is intended only for the person it was given to by the health care team. It does not replace the advice or direction given to you by your surgeon.