



Tidewater Orthopaedics  
*Specialized Care You Can Trust*

# Proximal Humerus Fracture Repair

*Nicholas K. Sablan, M.D.*

## Post Operative Instructions after Proximal Humerus Fracture Repair

### Helpful Hints & Important Precautions for Patients

#### Diet

- You may resume clear liquids and light foods after surgery (jello, soup, etc.)
- Progress to your normal diet as tolerated as long as you are not nauseated.

#### Medications:

- Before surgery you will be offered a nerve block which helps greatly with pain control and decreases your need to take narcotic medications. It is important to begin taking your pain pills before this medicine wears off.
- The first medication I use is **Percocet** (Oxycodone/Acetaminophen), which is a strong narcotic pain medication combined with Tylenol. It will begin to work within 15 minutes after taking it with a maximal effect in one to two hours. Normally, Percocet is taken 1 pill every 6 hours, but if the pain is severe, 2 pills can be used every 4 hours.
- Common side effects of these medications are nausea, constipation, itching, and drowsiness.
- The best way to prevent nausea is to take the medicine with a little food, start with just one pill, and be patient while the medicine begins to work. Usually, after the first few doses the nausea will go away. I also prescribe an anti-nausea medication called **Zofran** (Ondansetron) to be taken if you have persistent nausea after surgery.
- You will also be given a prescription for **Naprosyn** strong anti-inflammatory medication. Take this twice a day with food in addition to the Percocet. Both medications will work synergistically in pain relief. Do not take it if there is a history of stomach ulcers or kidney dysfunction.
- I strongly recommend you take an over-the-counter stool softener **starting the day of surgery** such as Colace 100 mg 1 tablet a day or a laxative such as MiraLAX to avoid constipation.
- Take Benadryl one half hour before your narcotic if you experience itching.

- Transition from Percocet to Tylenol as your pain subsides, but pay attention to the dosage as Percocet has 325 mg of Tylenol in each pill. Patients with normal liver function should not consume more than 3000 mg of Tylenol per day.
- **All non-narcotic medications will be called in to your pharmacy prior to surgery.**

#### **Bandages & Sling:**

- Your post-operative dressing has two layers you need to understand in order to properly care for your surgery site. Your incisions were closed with absorbable stitches covered by steri-strips
- The second layer is a large white fluffy dressing and absorbent pads that are held in place with tape.
- Unless directed otherwise, remove this second layer of dressing 2 days after surgery. Do not place any additional bandages over the steri-strips.

#### **Washing & Sling:**

- You should be careful to keep the wound clean and dry for the first 48 hours after surgery.
- Beginning on the second day after surgery it is OK to shower as long as the incisions are kept dry with plastic wrap. Remove the wrap after showering.
- Do not take a bath until after the first post-operative visit.
- It is OK to go into a swimming pool after the first post-operative visit, but no lakes or ocean until two weeks after surgery.
- You will have a sling with a supporting pillow placed after surgery. The only time you are allowed to remove it is during showering.

#### **Ice & Activity:**

- One important goal following surgery is to minimize swelling around your surgery site. The best way to achieve this is with the frequent application of ice. This is most important for the first 48 hours following surgery. The ice pack should be large (like a big zip-lock bag or bag of peas) and held firmly on the area of your surgery. Apply for 15 minutes every hour while awake if possible. Look for signs of frostbite.
- Keep your elbow against the pillow and in front of the plane of the body to avoid stress on the repair
- Keep a pillow behind the elbow while lying down to prevent the elbow from sliding backwards.
- While sitting in a chair you may remove the sling three times a day to perform elbow and wrist range of motion exercises.
- You may return to sedentary work only or school in 3-4 days after surgery if your pain is tolerable.
- Avoid driving unless otherwise instructed by Dr. Sablan
- Avoid long distance traveling in cars or by airplane during the first week after surgery to avoid increasing your risk of developing blood clots.

**Sleeping:**

- Many patients have difficulty sleeping after shoulder surgery. You may find that sleeping in a slightly upright position (ie reclining chair) will be your most comfortable position. Make sure to have your pain under control before you sleep.
- Occasionally patients have persistent problems sleeping and if that is the case try over the counter medications such as Melatonin or Benadryl.

**Physical Therapy**

- The goal of physical therapy is to first assess how your body responded to the surgical procedure. They help you feel comfortable with your surgery and make sure you aren't afraid to start doing things. Your therapist will start gentle range of motion exercises on your first visit. You will likely start physical therapy after your first post-operative visit.

**Follow up appointment:**

- We try to give all of our patients a follow-up office visit at the same time we schedule your surgery.
- Typically I want to see my patients in the office 5 to 10 days after surgery.

**FOLLOW UP APPOINTMENT:** \_\_\_\_\_

**What to watch out for:**

- ∞ Pain that is increasing every hour in spite of the pain medication
- ∞ Drainage from the wound more than 2 days after surgery
- ∞ Increasing redness around the surgical site
- ∞ Pain or swelling around your surgery
- ∞ Fever greater than 101.5 degrees.
- ∞ Unable to keep food or water down for more than one day

Video Instructions Scan the QR Code

