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Postoperative Instructions after SURGICAL FIXATION OF PROXIMAL HUMERUS FRACTURE

1. Activity instructions:

- a. For the first 2 weeks after surgery, you will be resting your surgical arm in a sling. No weight bearing with your surgical upper extremity. No pushing, pulling, or lifting with your surgical upper extremity.
- b. Remove the sling at least 3 times per day to work on pendulum exercises with your surgical shoulder. Pendulum exercises will be demonstrated for you on the day of surgery. You don't need to be working on any other exercises at this time. If you're unsure what a pendulum exercise is, please call the office.
- c. Obtain an over-the-counter foam ball to grip with the surgical hand. One may have been provided with your sling. Work on finger motion and gripping the ball at least 3 times per day.

2. Surgical dressing instructions:

- a. You have a water-resistant dressing covering your surgical incision. This dressing may remain in place until your first follow-up appointment, unless otherwise specified (see below).
- b. You may be recommended for use of a collagen surgical dressing to help speed wound healing and improve the surgical scar. If you are participating in this program, a dressing supply kit will be mailed directly to your home after surgery and will include further instructions.
- c. The initial postoperative dressing and the collagen surgical dressings are water-resistant and you may shower with either type of dressing in place, when desired, but do not submerge in a bath tub.

3. Prevention of deep venous thrombosis (blood clot):

- a. The best way to avoid a blood clot is to ambulate regularly.
- b. If you do not usually take any other blood thinning medications, then you will start taking **aspirin** 81 mg by mouth once per day on the morning of postoperative day #1 and continue this for 4 weeks.
- c. If you already take a blood thinning medication at baseline, then your instructions are as follows: _____

4. Pain control:

- a. The best way to control pain is to control swelling. The best way to control swelling is to apply **ice** often.
 - b. An electronic prescription has been sent to your pharmacy for a 1 week supply of **narcotic pain medication**. Narcotic pain medication is sedating and constipating. Increase your fluid intake and use over-the-counter stool softeners as needed to help with constipation. Use the narcotic pain medication when your pain is most severe. Wean yourself off of the narcotic pain medication as soon as possible.
 - c. You may take **acetaminophen** in addition to, or in substitution for your narcotic pain medication, but do not exceed 3000 mg of acetaminophen in a 24 hour period from all sources.
 - d. You may take **non-steroidal anti-inflammatory drugs** (NSAIDs) such as ibuprofen in addition to, or in substitution for your narcotic pain medication. Some patients have been advised by their family physician to avoid NSAIDs. If you are unsure, call your family physician.
 - e. It is safe to combine narcotic pain medication, acetaminophen, and NSAIDs.
5. Reasons to call the office:
- a. Foul odor or excessive drainage from your surgical dressing.
 - b. Increasing pain not relieved by pain medication.
 - c. New numbness or tingling.
 - d. Signs or symptoms of systemic illness (fever, chills, nausea, generalized weakness or body aches, etc.).
6. Follow-up:
- a. A 2 week follow-up appointment was made in the office on the day that you scheduled your surgery. If you do not know the date of the follow-up appointment, please call the office at your convenience for a reminder.