

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. You may shower when desired, but do not submerge in a bathtub.
- b. The postoperative dressing may remain in place until your first follow-up appointment.

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

- a. The best way to avoid a blood clot is to ambulate regularly.
- b. You will be provided with compression stockings and intermittent compression devices, and they should be worn on both legs 23-hours per day for the first 2-weeks after surgery.
- c. If you do not usually take any other blood thinning medications, then you will start taking **aspirin** 81 mg by mouth once daily on the morning of postoperative day #1 and continue this for 4-weeks.
- d. 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. Ice machines are very effective and are available for purchase at the office. If you did not purchase one before surgery, you can still purchase one after surgery. Please call the office for details.
- b. An electronic prescription has been sent to your pharmacy for a 1-week supply of **opioid pain medication**. Opioid 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 opioid pain medication when your pain is most severe. Wean yourself off the narcotic pain medication as soon as possible.

- c. You may take **acetaminophen** in addition to, or in substitution for your opioid 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 opioid 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 acetaminophen, NSAIDs, and opioid pain medication.
5. Nutrition
- a. Nutrition plays a key role in how your body recovers after surgery. Stay well hydrated and eat a balanced diet after surgery. If you are participating in the perioperative nutrition program that was offered to you in the office, you will continue this for 2 weeks postoperatively. If you chose not to start the nutritional supplement before surgery, there is still a benefit to utilizing it after surgery. Call the office if you would like to get this started.
6. 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.).
7. 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.