

Postoperative Instructions *Clavicle Fracture*

Diet

- Begin with clear liquids and light foods (Jello, soup, etc).
- Progress to your normal diet if you are not nauseated.

Wound Care

- After surgery, your incision will be covered with a dressing. This is typically left in place for 3 days and then may be changed. Replace the dressing with gauze and tape or band aids.
- There may be stitches visible when changing the dressing. These should be left in place until they are removed in clinic.
- Do not submerge the incision under water (bathtub, pool, lake, etc.) for at least 2 weeks after surgery.
- If the dressing becomes saturated or drainage continues beyond the first few days, call the office.
- If white compression stockings were applied to your legs on the day of surgery, you may remove them before you leave the hospital or once you return home.

Activity

- A sling is typically used after surgery. There will be a strap over your shoulder that can be adjusted to keep your elbow bent at about 90 degrees. Try to keep your hand level with or above your elbow to prevent hand swelling.
- Sleeping in a recliner or propped up in a bed is often more comfortable than lying flat after shoulder surgery. You should sleep with the sling in place.
- You may remove the sling to flex and extend your elbow and open and close your hand to encourage circulation and prevent stiffness.
- Return to work depends on your job requirements, specifics of your surgery and pain/swelling levels. This can be discussed at your follow-up appointment.
- Do not resume sports, use exercise equipment or perform strenuous physical activity (including lifting weights) until your surgeon says it is okay.
- Physical therapy is often prescribed after surgery. This is an important part of your recovery and we encourage patients to attend all physical therapy appointments.
- Return to driving after surgery is okay once narcotic pain medication has been stopped and you are cleared by your surgeon. The length of time until patients are able to return to driving varies depending on the specific surgery performed. This can be discussed with your surgeon during a clinic visit after surgery.

Ice therapy

- Icing is an important part of the recovery process. It helps reduce swelling and minimize inflammation.
- Always ensure the ice does not directly contact the skin to decrease the risk of cold injury.

Blood Clot Prevention

- Though uncommon, blood clots (also called deep vein thrombosis or DVT) can occur after surgery. To decrease the risk of this problem, you should flex your ankle and toes up and down ten times per hour for the first 2-3 weeks after surgery.
- Some patients may be instructed to take aspirin daily for a period of time after surgery.
- Be sure to let your surgeon know if you have a history of blood clots.

Medications

- The specific medications you are prescribed will depend upon the surgery you receive.

Pain

- Pain medications should be taken as directed on the bottle starting the day of your surgery.
- You will be given ONE of the following:
 - Oxycodone 5 mg – Take 1-2 tablets every 4 hours for pain relief.
 - Oxycodone 10 mg – Take 1-2 tablets every 4-6 hours for pain relief.
 - Norco (Hydrocodone/Acetaminophen) 10/325 mg – Take 1-2 tablets every 6 hours for pain relief. *You can only take 4g of Tylenol per day (a total of 8 pills) in a 24 hour period. Do NOT take additional Tylenol when taking this medication.
- Common side effects of narcotic pain medication include nausea, drowsiness and constipation. To decrease these side effects take with food. If constipation occurs we recommend taking an over-the-counter laxative.
- You may supplement the narcotic pain medication with ibuprofen. *If you are taking a blood thinner such as Coumadin (Warfarin), Lovenox, Xarelto, or have a history of ulcers you should NOT take this medication.
 - Ibuprofen 200 mg – Take 2 tablets every 6 hours for pain relief.

Anti-nausea

- This medication should be taken if you experience nausea or vomiting. If you know you are sensitive to narcotics please take 30 minutes prior to pain medication.
 - Hydroxyzine 25 mg – Take 1 tablet by mouth every 6 hours as needed for nausea.

Antibiotic

- In addition to the intravenous antibiotics given to you before your surgery you MAY be given an oral antibiotic to take at home to reduce the chance of a post-operative infection.
 - Keflex 500 mg – Take 1 tablet by mouth 4 times a day for the duration prescribed.
 - If you are allergic to penicillin, you will be given Clindamycin instead. Clindamycin 300 mg – Take 1 tablet a day for the duration prescribed.

Stool softener

- If you are experiencing or have a history of constipation take a stool softener such as Peri-colace, Colace or Senekot starting the day after your surgery. You may stop taking this once you have regular bowel movements.

Emergencies

- Contact Dr. Dekker if any of the following are present:
 - Severe swelling in the leg and/or calf pain.
 - Unrelenting pain.
 - Fever (>101.5) or chills (fevers less than this are very common the first few days after surgery and are unlikely to indicate an infection).
 - Redness around the incision.
 - Continuous draining/bleeding from the incision (small amounts are completely normal).
 - Blue or white toes (this may indicate a lack of blood flow to the foot).
 - Difficulty Breathing.

Follow-up

- If you do not already have a post-operative appointment schedule, please call the respective office where you intend to follow up and ask for appointment scheduling (see telephone numbers below).

Questions or Concerns?

- Mon - Fri, 8a - 5p please contact our office:
- ***Please note: 24-hour notice is required for prescription refills.
 - **Rochester Hills: (248) 650-2400**
 - Christie Gossman (surgical coordinator): 248-659-0190
 - **Shelby Township: (586) 254-2777**
 - Dawn D'Ambrosio (surgical coordinator)
 - **Farmington Hills: (248) 865-4238**
 - Sandra Perl (surgical coordinator) direct line: (248) 865-4264
 - **River District: (810) 329-1250**
 - Cindy Stefanski (surgical coordinator)