



Michael Pensak, M.D.

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Post Operative Instructions ORIF of the Clavicle

Surgery to repair your broken (fractured) collar bone:

The collar bone serves as both the attachment and support of your shoulder. By supporting your arm in a sling you are best able to protect your surgical repair from failing before the bone is fully healed. The metal plate and screws that are used to repair the broken bone make the bone feel as though it has already healed, in reality it will take anywhere from 6 to 12 weeks for the bone to fully heal.

There are two ways that you could break the metal plate or screws used to repair your collar bone. The first is to suddenly place too much force on the repair by falling without your sling on or lifting something more than 20 pounds. The second way is to do a moderately demanding task with your arm and shoulder repetitively. This is much like bending a coat hanger back and forth until the metal breaks.

Bandages & Sling:

Your post-operative dressing has multiple layers you need to understand in order to properly care for your shoulder for the two weeks following surgery. Your incision was closed with a dissolving stitch which was covered with skin glue and a white fluffy dressing that is loosely taped to your shoulder. This second layer can absorb some blood that may come from your shoulder incisions for the first couple hours after surgery. You can remove this layer of dressing 2 days after surgery. (If there is a lot of itching, then it would be OK to remove it the day after surgery.)

The sling is for both comfort and more importantly to protect your surgical repair. It should be worn in the proper position (your physical therapist will teach you how to do this), during the day and at night. Do not remove it until I notify you to do so.



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Washing & Bathing:

You should be careful to keep the wound clean and dry until I see you in the office.

Ice & Motion:

One important goal following surgery is to minimize swelling around your arm and shoulder. The best way to achieve this is with the frequent application of ice and gentle range of motion exercises. This is most important the first few days following surgery, but will also be helpful in conjunction with physical therapy for weeks after surgery. The ice pack should be large (like a big zip-lock bag) and held firmly on the shoulder.

Immediate Post-Operative Exercises:

We allow you to move your operative arm the day after surgery by performing pendulum range of motion exercises. In the early days after surgery your physical therapists will teach you how to do this properly. Once you are home, these motion exercises should be done several times a day to prevent stiffness from developing. The more stiffness that sets in - the more difficult it will be to get your motion down the road. In fact, the sooner your shoulder function returns to normal the faster your recovery will begin.

Physical Therapy

Your physical therapy appointment should start within the first 10 days after surgery. The goal of physical therapy is to first assess how your shoulder responded to the surgical procedure, therefore they will remove your dressing and look at your wound. They will re-introduce you to your shoulder so that you feel comfortable with your surgery and aren't afraid to start doing the certain things that are safe. Your therapist will start a very specific and personalized range of motion and strength program on your first visit. They will know exactly what was done during surgery and everything they will have you do is SAFE. In addition, if they find anything unexpected they will let the doctor know right away.



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Follow up appointment:

We try to give all of our patients a follow-up office visit at the same time we schedule your surgery. Sometimes, during your surgical procedure, I find or do things I didn't anticipate when planning your surgery, therefore I may want to see you in the office sooner than we originally planned. If this is the case I will tell you and your family after surgery.

Typically I want to see my patients in the office 7-10 days after surgery. You should call our office to confirm your appointment.

Medications:

I will usually prescribe the narcotic Oxycodone rather than Percocet so that you can supplement with Tylenol on the side and not have to worry about excessive Tylenol consumption. Oxycodone is Percocet without the Tylenol. This medication should be taken every 6 hours at the dose prescribed. However, you may supplement with Ibuprofen and/or Tylenol every 6 hours, offset by three hours from the narcotic. For example, in a given 24 hour period, you would take Oxycodone at 6, 12, 18 and 24 hours and the Ibuprofen and/or Tylenol at 3, 9, 15, 21. This way, you have medication on board every 3 hours. I find that it leads to better pain relief. If you were ever told that you can't take non-steroidal anti-inflammatories which is the class of medication Ibuprofen belongs to, or that you can't take Tylenol, then simply stick with just the narcotic. Tylenol and Ibuprofen should be taken in accordance with the directions on the bottle.

Some patients, when taking the first few doses of Oxycodone, may experience nausea or an episode of vomiting. To prevent this, take the medicine with food and be patient while the medicine begins to work. Usually, after the first few doses the nausea will go away. This medication may also cause skin itching and a slight rash. If either of those happen please notify us but they will usually subside with Benadryl so long as you have no contraindications to taking that medication.

Anesthesia Shoulder Nerve Block:

Prior to surgery most patients will have an interscalene shoulder block injected by your anesthesiologist. The purpose of the block is to minimize pain during and after surgery.

The block will paralyze your entire arm (shoulder down to hand) for up to 24 hours. Therefore, it is important to protect your arm in the sling during this period of time in order to prevent injury. Your



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normal protective sensation is “turned off” by the block; therefore since your arm has no sensation therefore you can not feel potential injury. The sling along with proper positioning will protect your arm. When the block wears off you will feel a tingle and light burning sensation just before normal sensation returns.

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 shoulder
- Pain or swelling in your arm
- Fever greater than 101°
- Unable to keep food or water down for more than one day
- Locking or catching within the shoulder that is getting worse not better

What to watch out for:

- Worsening pain despite taking pain medication
- Persistent drainage from the wound after surgery
- Foul smelling drainage
- Increasing redness, pain or swelling around the surgical site
- Fever greater than 101
- Unable to keep food or water down for more than one day

Who to call for questions or problems:

If you are having problems or there are questions you need answered then please call our office at 732-349-8454 and our staff will assist you. Our hours of operation for our phone room are as follows: Monday through Thursday 8:30am- 4:30pm and Friday 8:00am – 4:00pm.

We realize that after surgery some problems or questions are urgent and cannot wait until normal working hours. Under these circumstances we have a service that will get the message to a doctor on call for our office by calling the main number 732-349-8454.

*****If an emergency were to occur please go to the nearest ER for immediate attention.**



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