PROXIMAL HUMERUS Post-Op Instructions

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Dr. Drew Ratner

INITIAL INSTRUCTIONS

- Ice along with pain medicine are your keys to initial pain management.
- · After you arrive home, rest the remainder of the day. You may be tired or nauseated from the anesthesia and/or pain medication.
- You will be in a sling after surgery.

DRESSING CHANGE

- Leave the dressing in place until your follow up appointment.
- It is extremely important to keep the surgical site clean and dry at all times to help prevent infection.
- Signs of infection include redness, swelling, increased pain, warmth, fever (above 101.4 degrees F) and drainage from the wound. If you note any of these signs, please call the office immediately

BATHING

- You may shower after your surgery but keep your dressing dry.
- After you bandage is removed at the first post op appointment, you may shower and clean the wound gently with soap and water but Do not soak or submerge the surgical site until the wounds are completely healed (typically 3-4 weeks after surgery).

ACTIVITY

- May return to **sedentary work ONLY** the day after surgery, if pain is tolerable
- · OK to use computer.
- You will be non-weight bearing for 6 weeks and then less than 10lbs until 12 weeks post op
- You will begin to work on range of motion of shoulder with pendulum exercises beginning immediately. Shoulder range of motion is allowed as long as you can see your hand.
- You should work on finger, wrist, and elbow range of motion beginning immediately post op

PHYSICAL THERAPY

• You will be given a physical therapy prescription and therapy protocol before surgery. The protocol is a description for you and your physical therapist that details all of your restrictions and activities through your entire recovery. Please be sure to give this to your physical therapist.



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 Please arrange your post-operative physical therapy appointment. Our office can help you with this if needed. They will guide you in exercises to perform while in the clinic and at home.

ICE THERAPY

- Icing is very important to decrease swelling and pain and improve mobility.
- Please use ice for 20 minutes, 3-4 times per day over the shoulder
- Be sure to keep clothing or a towel between ice and skin, as placing the ice directly on skin may cause frostbite. DO NOT PLACE DIRECTLY ON SKIN.

MEDICATIONS

- If placed, nerve blocks and pain medication injected into the wound will wear off from 8-24 hours after surgery.
- Recommendation is to take scheduled Tylenol 1000mg three times per day and 800mg ibuprofen three times per day.
- You will be given a narcotic pain medication. This should be taken for breakthrough pain every 8 hours for pain if necessary. Take with a little food.
- Ice and elevation will aid in additional pain control
- Take medications as prescribed
- **Do not mix narcotics** with alcohol
- Common side effects of narcotic pain medications include
- Nausea- Take medication with food. If prescribed you may use anti-nausea medication. If nausea persists, call the office to consider having the medication changed.
- Drowsiness
- Constipation We recommend purchasing an over-the-counter stool softener (such as colace) to take as directed while taking narcotics to prevent constipation. You will be given a prescription for this.
- Do not drive a vehicle or operate heavy machinery while on narcotic pain medications
- Narcotics and pain medications will not be refilled on weekends or after hours.
- You will likely be given a prescription for aspirin 325mg to take post-operatively. This is taken only once a day for 4 weeks post-operatively to prevent blood clots. The dosing and duration may change on an individual basis, but it should be reflected in the prescription that you are given.
- You will be given Ergocalciferol (Vitamin D2) 50,000 units weekly to take for 8 weeks & Calcium 500mg to be taken three times per day for 8 weeks. Both of these medicines aid in bone healing.





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POST-OP OFFICE APPOINTMENT

- If the appointment was not arranged prior to surgery, please contact the office
- Your first post-operative visit should be 10-14 days after surgery
- Depending on the procedure plan for follow-up visits at 2 weeks, 6 weeks, 3 months, and 6 months after surgery.

EMERGENCIES OR CONCERNS

- Email Dr. Ratner at drewratner@theamericanorthopedics.com
- Or contact us or go to the nearest emergency room if you have any of the following:
 - Pain worsens or does not go away after pain medication is taken.
 - Any abrupt change in the nature or severity of pain
 - o Redness or swelling in your thigh or calf that will not decrease.
 - Redness around incisions
 - Continuous drainage or bleeding from the incision (occasional drainage is expected)
 - Difficulties moving your fingers or extreme pain when moving your fingers
 - Numbness or tingling that does not go away or is getting worse
 - Cold foot or color change in extremity (Please be aware that the skin prep in surgery may have an orange, brown, or blue tint)
 - o Develop a fever greater than 101.5 degrees F.
 - Chest pain, shortness of breath, intractable nausea/vomiting, or anything else concerning
 - o If you have an emergency that requires immediate attention, proceed to the nearest emergency room.

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