

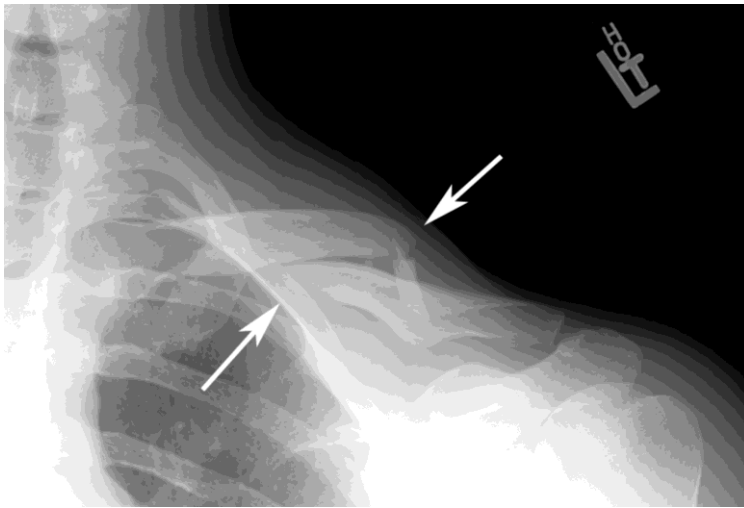
STEVEN CHUDIK MD

SHOULDER, KNEE & SPORTS MEDICINE

**Open Reduction Internal Fixation (ORIF)
of Midshaft Clavicle Fractures**

Indications for Surgery

A midshaft clavicle fracture is a complete or incomplete fracture (break) in the middle third of the clavicle (collarbone) in the shaft. This is the most common location for a clavicle fracture. For significantly displaced midshaft clavicle fractures, open fractures, or fractures associated with other significant nerve, blood vessel, or bone injuries, surgery is recommended. Surgery can stabilize the fracture in proper position to allow healing, movement of the patient, and protection for the other associated injuries.



X-ray of a clavicle midshaft fracture

Contraindications to Surgery

- Infection
- Shoulder stiffness
- Patients with poor general health (not advised to proceed with surgery)

Potential Surgical Risks and Complications

- Infection
- Bleeding
- Injury to nerves (numbness)
- Non-healing or incomplete healing of the fracture
- Continued pain
- Stiffness or loss of motion of the shoulder
- Inability to return to same level of competition or activity
- Moving or breaking of surgical hardware



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Hospitalization and Anesthesia

- Outpatient surgery (go home the same day)
- General anesthetic with interscalene block (See *Your Surgical Experience* booklet)

General Surgical Technique

Surgery consists of making a small open incision over the clavicle, repositioning the fracture fragments, and holding them in place with plates, screws, wires, sutures, or pins. After fracture healing, these fixation devices may be removed if needed. During surgery, X-ray is used to ensure that all fragments are appropriately aligned.



Plate fixation of a midshaft clavicle fracture

Post-Operative Course

- Shoulder motion will be restricted in a sling for six weeks following surgery in order to protect the repair and allow it to heal. Patients will use a sling at all times except for bathing, dressing, and exercises for six weeks following surgery, especially while sleeping. **This prohibits driving.**
- Patients may feel more comfortable sleeping sitting upright (on a couch or recliner chair) after surgery.
- Keep the wound clean and dry for and ten to 14 days following open surgery. You may shower lightly after 14 days (open surgery) but wounds cannot be submerged under water for three weeks.
- Driving may be resumed after six to eight weeks.
- Return to school/sedentary work in less than one to two weeks as long as sling is worn. Do not use the extremity.
- Physical therapy should begin two to three days after surgery and continue for four to six months. The success of a clavicle surgery is highly dependent on the post-operative rehabilitation. It is crucial to follow through and maintain a proper therapy schedule.



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Return to Activity

You may return to unlimited activities when there is no pain and full shoulder range of motion, muscle strength and endurance, and the fracture is healed. This usually requires 3 months following a midshaft clavicle ORIF. Dr. Chudik will clear patients to resume all activities.

Preoperative Instructions

- Discontinue birth control pills
- Stop blood thinners such as aspirin, Coumadin[®], Lovenox[®], Xarelto[®] according to the prescribing doctor's directions
- Stop anti-inflammatory medicines such as ibuprofen, Advil[®], Motrin[®], Naprosyn[®], Alleve[®], etc.)
- Stop nutritional supplements and drinks like Vitamin C, ginseng, ginkgo biloba, etc.
- Stop smoking for surgery and during the first six weeks postoperatively to allow proper tissue healing

Do not eat or drink anything from midnight, the evening before surgery

Scheduling Surgery

Contact Dr. Chudik's surgery scheduler at 630-324-0402 or contactus@chudikmd.com to:

- Schedule the date and location of surgery (the hospital will call the day before with the confirmed arrival time)
- Schedule a pre-operative appointment
- Schedule a post-operative appointment to remove sutures and review post-operative instructions

Notify My Office if Symptoms Worsen

