

STEVEN CHUDIK MD

SHOULDER, KNEE & SPORTS MEDICINE

Distal Clavicle Fracture

Indications for Surgery

A distal clavicle fracture is a break (fracture) in the outer third of the clavicle (collar bone) near the end where it attaches to the acromion of the scapula (bony roof of the shoulder). Often, this fracture is associated with rupture of the coracoclavicular ligaments which allows the clavicle to displace and move significantly out of alignment.



X-ray of distal clavicle fracture

Contraindications to Surgery

- Infection
- Shoulder stiffness
- Patients with poor general health or physical limitations that prevent them from safely proceeding with surgery



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630-324-0402 • contactus@chudikmd.com
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Potential Surgical Risks and Complications

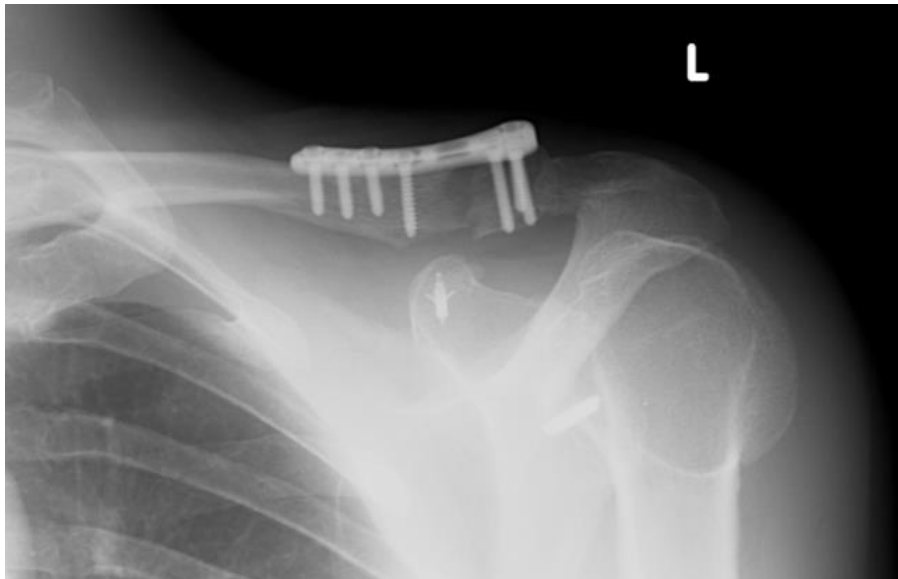
- Infection
- Non-healing or incomplete healing of the fracture
- Continued pain
- Stiffness or loss of motion of the shoulder
- Inability to return to same level of competition or activity
- Shifting or breaking of surgical hardware

Hospitalization and Anesthesia

- Outpatient surgery (no hospital admission)
- 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, or sutures. Additionally, anchors with suture are may be used to reinforce the fracture and assist with healing of the commonly associated injury to the coracoclavicular ligaments. 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. At the same time, the coracoclavicular ligaments are also repaired.



Repair of distal clavicle fracture with plate



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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 ten to 14 days following open surgery. Patients may shower lightly after 14 days but the wounds cannot be submerged under water for three weeks.
- Driving is allowed after six weeks.
- Return to school/sedentary work in less than one to two weeks as long as sling is worn.
- 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.

Return to Activity

Patients may return to unlimited activities when there is no pain, the shoulder has full range of motion, muscle strength, and endurance, and the fracture is fully healed. This usually requires three to four months following a distal clavicle surgery. Dr. Chudik will clear patients to return when it is safe to resume 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 after midnight, the evening before surgery



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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



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