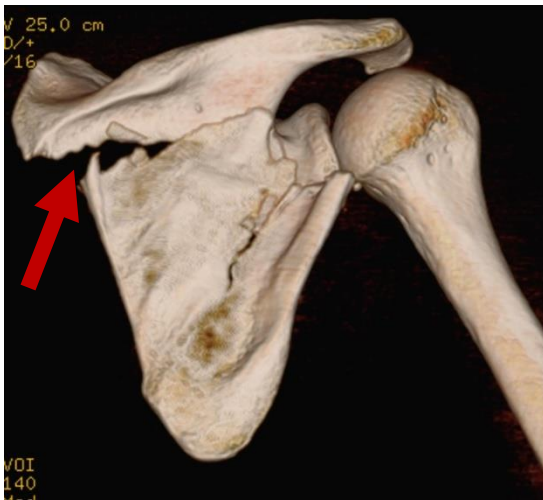


**STEVEN CHUDIK MD**  
**SHOULDER, KNEE & SPORTS MEDICINE**

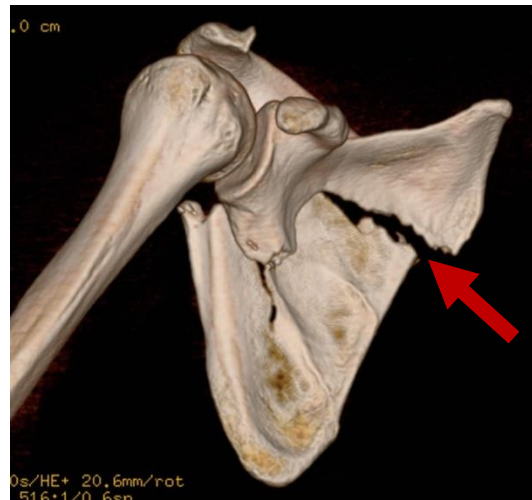
## Scapula Fracture Repair

### Indications for Surgery

A scapula fracture refers to a fracture (break) in the shoulder blade. This is a rare injury that results most commonly from major trauma, such as a fall from a significant height or a motor vehicle accident. Depending on the stability and alignment of the fracture, some fractures can be treated non-operatively while others are best treated with open reduction and internal fixation of the fragments. Fixation is indicated with severely displaced fractures.



Posterior view of scapular fracture, as seen on 3-D CT scan



Anterior-lateral view of scapular fracture on 3-D CT scan

### Potential Surgical Risks and Complications

- Infection
- Rarely, injury to nerves of the shoulder, arm, or hand
- Breakage of internal fixation devices
- Shoulder stiffness
- Persistent pain with activities
- Need for revision surgery
- Malunion
- Nonunion
- Persistent pain because of the severity of the injury and general tissue trauma



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### Hospitalization and Anesthesia

- Outpatient surgery (go home the same day, no hospital admission)
- General anesthetic with interscalene block (refer to “*Your Surgical Experience*” booklet)

### General Surgical Technique

For displaced and unstable fractures, Dr. Chudik uses a limited incision to expose the fracture and performs open reduction and internal fixation (ORIF) of the scapula. In many cases, reducing and fixing the scapula with a plate and screws sufficiently stabilizes the scapula fracture to allow sufficient early motion and healing. Following fixation, the patient will be immobilized in a sling for six weeks to allow fracture healing followed by four to six months of physical therapy.

### Post-Operative Course

- Patients will use a sling at all times except for bathing, dressing and exercises for six weeks following surgery, especially while sleeping
- Patients may feel more comfortable sleeping sitting upright (on a couch or recliner chair) after surgery
- Keep the wound clean and dry for 10-14 days following open surgery. Patients may shower lightly 14 days (open surgery) but wounds cannot be submerged under water for three weeks
- Driving after six weeks (once out of sling)
- Return to school/sedentary work in less than one week 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 shoulder surgery is highly dependent on the post-operative rehabilitation. It is crucial to follow through and maintain a proper therapy schedule

### Return to Activity

- The time to return depends on the type of activity, sport, and position, as well as the arm injured (dominant versus non-dominant)
- At least four to six months is required after surgery before return to sports/strenuous labor
- Full shoulder motion and strength are necessary before returning to sports/strenuous labor



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### Preoperative Instructions

- Discontinue birth control pills
- Stop blood thinners such as aspirin, Coumadin<sup>®</sup>, Lovenox<sup>®</sup>, Xarelto<sup>®</sup> according to the prescribing doctor's directions
- Stop anti-inflammatory medicines such as ibuprofen, Advil<sup>®</sup>, Naprosyn<sup>®</sup>, Alleve<sup>®</sup>, 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](mailto: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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Schedule online now