

STEVEN CHUDIK MD

SHOULDER, KNEE & SPORTS MEDICINE

Proximal Humerus Fracture
Open Reduction Internal Fixation

Indications for Surgery

A proximal humerus (shoulder) fracture is a fracture (broken bone) of the shoulder at the ball (humeral head). This may be a complete or incomplete break. A fracture of the proximal humerus may involve the anatomic neck, surgical neck or one or both of the attachments (tuberosity) of the rotator cuff muscles. Severe fractures, fractures that are displaced (not in appropriate alignment) require surgery to restore and maintain the bone fragments in normal position.



Proximal humerus fracture



X-ray of proximal humerus fracture fragments aligned and fixed in place by a plate with special technology that Dr. Chudik was the first to study and prove superior to previous methods

Contraindications to Surgery

- Infection
- Patients with poor general health which is not sufficient to proceed with surgery



Orthopaedic Surgery & Sports Medicine
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630-324-0402 • contactus@chudikmd.com
stevenchudikmd.com

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Potential Surgical Risks and Complications

- Infection
- Injury to nerves (numbness, weakness, paralysis) of the shoulder and arm from the injury, especially if associated with a dislocation
- Continued pain
- Stiffness or loss of motion of the shoulder
- Inability to return to same level of activity
- Moving or breaking of surgical hardware
- Arthritis
- Interruption of blood supply to the ball of the shoulder and AVN (occurs with the fracture)
- Nonunion (fracture does not heal)
- Malunion (heals in a bad position)

Hospitalization and Anesthesia

- Inpatient surgery (you're in the hospital overnight), but some people may go home the same day
- General anesthesia with an interscalene nerve block (See *Your Surgical Experience* booklet)

General Surgical Technique

Through a limited incision on the front of the shoulder, Dr. Chudik works through an interval between the deltoid and pectoral muscles of the shoulder to reposition the bone fragments and fix them in place. During surgery, live X-ray is used to ensure appropriate alignment of all the bone fragments.

Post-Operative Course

- You will use a sling at all times except for bathing, dressing, and exercises for 6 weeks following surgery, especially while you sleep. This prohibits driving.
- You will **not** be allowed to actively move your repaired shoulder (moving it with its own shoulder muscles) for at least six weeks following surgery in order to protect the repair and allow it to heal.
- You 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 shoulder surgery. Showering lightly after 14 days is fine, but wounds cannot be submerged under water for three weeks.
- Driving after six to eight weeks



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- Return to school/sedentary work in less than one to two weeks as long as you are in your sling and do not use the extremity. No typing, writing, or purposeful movement.
- Physical therapy should begin two to three days after surgery and continue for four to six months. The success of a proximal humerus surgery is highly dependent on the post-operative rehabilitation. It is crucial to follow through on and maintain a proper therapy schedule.

Return to Activity

- Return to activity depends on the type of fracture, the patient's ability to rehab, as well as the quality of the bone at the time of the surgery.
- Usually four to six months is necessary after surgery before returning to activities.
- Full shoulder motion and strength are necessary before returning to activities.
- Dr. Chudik will tell you when it is safe to resume all activities.
- Dr. Chudik has special protocols for returning to golf.

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



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