

**STEVEN CHUDIK MD**  

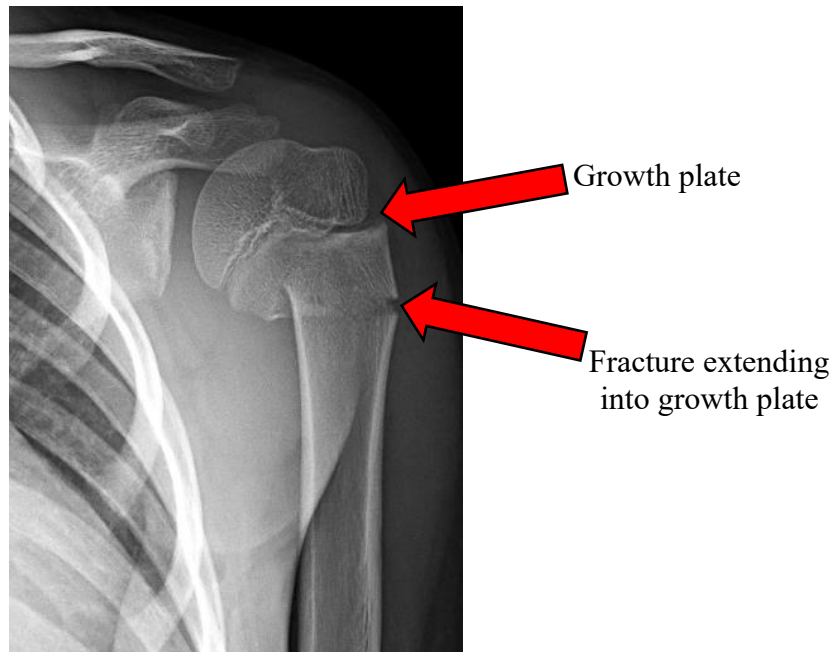
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**SHOULDER, KNEE & SPORTS MEDICINE**

## **Pediatric Proximal Humerus Fracture Percutaneous Pinning**

### **Indications for Surgery**

A proximal humerus fracture is a fracture (broken bone) near the ball (humeral head) of the shoulder joint. This may be a complete or incomplete break. Fractures that are displaced (not in correct alignment) may require surgery to restore normal anatomy to allow proper healing, growth and function. For younger patients with open growth plates, temporarily pinning the bone to keep it in place while it heals is a safe and minimally invasive technique that allows proper healing and growth.



X-ray of a displaced proximal humeral fracture in child with open growth plates

### **Contraindications to Surgery**

- Infection

### **Potential Surgical Risks and Complications**

- Infection
- Nonunion (fracture does not heal)
- Malunion (heals in a bad position)
- Growth arrest
- Stiffness or loss of motion of the shoulder
- Moving or breaking of surgical hardware



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## SHOULDER, KNEE & SPORTS MEDICINE

### Hospitalization and Anesthesia

- Outpatient surgery (you go home the same day)

### General Surgical Technique

Using X-ray guidance, Dr Chudik manipulates the bone fragments and places thin, long, smooth pins to maintain the proper position. Then, three to four weeks after the initial surgery when the bone has healed sufficiently, the pins will be removed.



X-ray after surgical reduction and temporary pinning of the fracture

### Post-operative Course

- You will use a sling for four to six weeks following surgery.
- You will **not** be allowed to move the shoulder for four weeks following surgery in order to protect the repair and allow it to heal.
- You may feel more comfortable sleeping sitting upright (couch or recliner chair) initially.
- Keep the wound clean and dry for three days following surgery. You cannot submerge the wound under water for three weeks.
- Return to school in less than one week as soon as sufficiently comfortable.
- Physical therapy should begin two to three days after surgery and continue for two to three months.



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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>, Motrin<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**

### Return to Activity

- Return to sports depends on the type of sport and position
- Usually two to three months is necessary after surgery before returning to full activities

### 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**

