

Humerus Fracture

General Post-Operative Instructions for Humerus Fracture

THE NUMBER TO CALL FOR ANY PROBLEMS OR QUESTIONS
IS: 503-214-5268

Anesthesia:

You will feel a little off for a day or two after the anesthetic. During that time you should not drink alcoholic beverages, make any important decisions or engage in any potentially hazardous activities. It is very common to be slightly nauseated, and you should start with a light, low-fat diet until your appetite comes back.

Bathing and Wound Care:

It is not unusual for some blood to show through on the dressing. If bleeding seems to be continuing after the first 12 hours and the area is larger than two inches or so, please call the office.

The dressing should cover the wounds and support the ARM, but should not feel overly tight or uncomfortable. If it seems too tight, you are welcome to loosen it yourself if you are comfortable with that. If not, please call the office for advice.

The sling is for your comfort. It is okay to remove it and move your elbow, wrist and hand as desired.

Remove the dressing in two days and reapply using 4 x 4 sterile gauze and micropore tape.

Pain Management:

A long-acting local anesthetic is injected into the arm after surgery and usually wears off 6 to 12 hours later, but may last as much as 36 hours.

The interval for taking pain medications, as noted on the bottle, is a minimum interval. You should not take the medication more frequently than that. You may take the medication less often than on the prescription if you are not in pain.

You have been prescribed a narcotic for pain medication. This medication should be taken to relieve pain, not to prevent it. You should not set your alarm clock to remind you to take your pain medication, nor should you take it on a set schedule, even if you are not hurting, as this can result in overdosing on the medication.

You have a long-acting and short-acting narcotic medication. During the first two to three days start with the long-acting medication and add the short-acting one as needed.

If you do not have trouble with ulcers or stomach pain, and if you do not have kidney problems, you may also take an anti-inflammatory medication in addition to or instead of the narcotic medicine. An average sized adult may take three 200 mg ibuprofen (Advil/Motrin) every 8 hours, or Aleve two tablets twice a day with food for a period of two weeks.

Activity:

Elevation:

Elevation is the best way to decrease your pain and swelling. The best way to elevate at night is to hug a pillow and use it to keep your wrist elevated.

Lifting:

You are not to use your injured arm to lift or carry anything heavier than a cup of coffee. It is okay to move your arm including your shoulder

immediately. One of the goals of surgery is to allow you to work on getting your shoulder moving again.

Driving:

If your car has an automatic transmission, you should be able to drive with one hand.

You should be mechanically able to do the things needed to drive. We cannot tell you what would happen if you did something that hurt and led to your losing concentration. You must use your own judgement to determine whether you are safe to drive.

You cannot drive if you are taking narcotic medications.

Follow-up:

If you did not have your post-op appointment arranged prior to surgery, you should call the office to arrange for an appointment that works for you. You need to be seen within the next 7-10 days.

REASONS TO CALL: (Please measure with oral thermometer)

Fever greater than 101.5. (It is very common to have a low-grade fever the first night or two after surgery)

Redness or swelling that is spreading from the edges of the incisions.

Pain that is out of control or worsening and not relieved by rest, elevation, ice and pain medications.

Chest pain, shortness of breath.

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If you think that you have an urgent problem that needs to be seen right away, then go to the emergency room.

