

Patient Information

Fractured Clavicle Fixation

Fractures of the clavicle (collar bone) are very common injuries. The treatment of clavicle fractures consists of either conservative non operative treatment using a sling, or early operative treatment and plating of the clavicle fracture. There is evidence in the orthopaedic literature that wide separation of fractures ends or marked shortening or overlap of the clavicle fracture may well be associated with either a delayed union or a symptomatic non-union of the collar bone. There is recently some evidence to suggest that earlier internal fixation or plating of collar bone fractures produces a better result than delayed or late reconstruction. If the collar bone is markedly shortened through an overlap of the bone ends then there is a possibility of reduced shoulder function in the longer term. If your collar bone fracture is displaced then surgery may be suggested as the best form of treatment to enable you to return to normal activities and sporting activities within the shortest possible time frame.

What happens before I come into hospital?

This information will help you prepare for admission to hospital. Treatment is always planned on an individual basis so your experience may differ slightly from the information given.

Dr Ratahi operates at both Kensington Hospital and Northland Orthopaedic Centre. If you do not go home on the day of your surgery, it will be done at Kensington Hospital.

All our staff are friendly and available to help answer any questions that you may have at any stage of your treatment.

Pre-assessment

If there are concerns around your fitness for an anaesthetic you may be asked to attend a pre-assessment. This is a medical examination made by the anaesthetist who works with Dr Ratahi to make sure you are well enough for surgery.

Transport

Patients are responsible for their own transport to and from the hospital. You will be informed of your admission and discharge date in advance so that you can arrange for a relative, friend or taxi to transport you.

What happens on the day of surgery?

On the morning of your surgery you will be greeted by the staff at the hospital reception on your arrival. Before being taken to the theatre suite you will be greeted by the nursing staff who will be looking after you and ask you to change into a hospital gown to get you prepared for theatre. You will be assessed by Dr Ratahi and the anaesthetist to perform a final check that you are fit for surgery and answer any questions you may have. You will be asked to sign a form giving your consent to the operation. You will then go to theatre, accompanied by a nurse where your personal details and the operation will be confirmed. At this stage you may be given an inter-scalene nerve block before your general anaesthetic.

Inter-scalene Nerve Block

An inter-scalene block is an injection of local anaesthetic around the nerves that supply your arm. The purpose of the injection is to provide pain relief for the operation. When you wake up from the general anaesthetic the shoulder and upper arm will be numb. Inter-sscalene block is offered for shoulder surgery because it is the best form of pain relief for this procedure in the first 24 hours after the operation. It is important that you are aware that it is not the only method for providing pain relief for this type of operation and also that it does not affect what the surgeon will do. Your anaesthetist will discuss the pros and cons of this procedure as well as the possible complications and alternatives with you on the day.

Surgical Procedure

Open reduction and internal fixation of your fractured collarbone can take between one and two hours to perform.

After arriving in the operating room, the anesthesiologist will begin intravenous sedation and often a regional anesthetic will be given. The patient may then be given a general anesthetic, depending on what pre-surgery decisions have been made.

An incision is made to access the fractured part of the collarbone.

The surgeon will use plates and either screws or sutures to fixate the broken bone, depending on the pattern of the fracture.

The incision is then closed and the patient is taken to the recovery room.

Recovery Room

When you awaken in the recovery room following open reduction and internal fixation of your collarbone fracture, your shoulder usually is wrapped in gauze, immobilized in a sling, and covered with an ice pack. You may feel a moderate amount of pain. You usually stay in the recovery room for at least two hours while the anesthetic wears off. General anesthesia wears off in about an hour and regional anesthesia may take about two hours to wear off. You should try to move your fingers while you are in the recovery room to improve circulation. Moving your wrist may be painful, and you usually should not try to move your elbow. Your temperature, blood pressure, and heartbeat will be monitored by a nurse, who, with the assistance of the doctor, will determine when you are ready to leave the hospital or, if necessary, be admitted for an overnight stay.

Post-op in Hospital

After open reduction and internal fixation of a collarbone fracture, some patients remain in the hospital for as long as 24 hours. There will likely be pain, and you can expect to be given pain medication as needed. Be sure to ask for medication as soon as you feel pain coming on, because pain medication works best on pain that is building rather than on pain that is already present. The nurses will not give you more than your doctor has prescribed and what is considered to be safe. Ice also helps control pain and swelling. Your arm will be in a sling for about six to eight weeks. You will be taught how to remove the sling and bend your elbow if necessary. In addition, you will be given an appointment to return and a prescription for pain medicine. You will not be able to drive, so be sure to have arranged for a ride home.

Home Recovery

After open reduction and internal fixation of a collarbone fracture, you will need to take steps to reduce the pain and inflammation in your shoulder. Rest, icing, and anti-inflammatory painkillers can ease pain and swelling, and immobilizing the shoulder will keep it stabilized. Here is what you can expect and how you can cope with a sling immobilizing your shoulder:

The first concern is to monitor swelling for the first 48 hours while wearing your sling.

There may be some minor drainage on the bandage since fluid may have accumulated during the surgery. Expect some blood to show through the bandage during the first 24 to 48 hours.

Dr Ratahi recommends that you wear the sling day and night for between two and eight weeks.

You can remove the sling for brief periods to shower, but remember to avoid moving the injured arm.

Your stitches will dissolve and do not need to be removed.

When your shoulder starts to heal, your physician may recommend that you remove the sling for short periods to perform some light, early-motion exercises.

You should move your fingers and hands in the sling as much as possible to help circulate blood.

Rehabilitation can usually begin within a few weeks after surgery, but you should visit your physician a week after the injury for a check-up. Until cleared by your physician, you should keep the shoulder immobilized in the sling. The sling may make it difficult to use the hand of the injured shoulder, and you may need to take several weeks off from work, depending on how much you rely on the immobilized hand.

Rehabilitation

After about two or three weeks of immobilization, your physician usually refers you to a physical therapist to begin rehabilitation exercises. The first stage of physical therapy usually involves passive motion exercises with the assistance of your physical therapist. Most patients begin with forward motion in the shoulder. Because your arm has been held across your chest for weeks, rotating or turning the shoulder outward is usually painful when rehab begins. With the shoulder held in place, you usually begin strengthening your wrist and elbow by flexing and extending your hand and arm. After two to four weeks, you may be able to start moving your hand, arm, and shoulder without the

assistance of the therapist. Usually within eight weeks, your therapist can start adding resistance to your exercises with weights or elastic bands. Non-contact sports, like tennis and swimming, can often be resumed within four months. Contact sports should usually not be resumed until at least six months. Depending on your specific situation, your physician may prescribe a modification to the above regimen.

Important Information and Disclaimer – Outcome of Surgery

The goals of surgery are discussed with you prior to the procedure; however, it is important to understand that these goals cannot be guaranteed in every case. In particular, improvement in pain levels may not be achieved, and in some cases symptoms may persist or change despite surgery.

Surgical outcomes may vary depending on individual factors, the nature of the condition, and findings at the time of surgery.

While imaging studies (such as MRI or CT scans) are an important part of preoperative assessment, they do not always fully reflect the condition of the tissues. Findings at surgery may differ from those reported on imaging, and intraoperative findings will guide final decision-making and treatment.