

CLAVICLE FRACTURE REPAIR

Your First Two Weeks After Surgery

Your surgery is done, and now the recovery starts. This guide walks you through the first two weeks, from the day of surgery until **your PA visit at 2 weeks** (your follow-up with our physician assistant). Keep it somewhere handy. It answers most of the questions patients call us about. Your medicines are covered in the separate **Medication Guide** that comes with it.

YOUR PLAN AT A GLANCE

USING YOUR ARM	Hand, wrist, and elbow for light tasks at your side . No lifting with the surgery arm
SLING	For comfort and protection . Wear it most of the time for now, off for exercises and showering
SHOULDER MOTION	Passive only until your PA visit: your other arm or your therapist moves the shoulder
KEY RESTRICTIONS	No reaching overhead, pushing, or pulling . Don't sleep on the surgery side
PHYSICAL THERAPY	Starts 5 to 7 days after surgery, 2 times a week
INCISION AND SHOWERING	Shower from 48 hours . Waterproof dressing off at 5 days . Glue and mesh tape stay on 2 to 3 weeks . No soaking until cleared
FOLLOW-UP	Your PA visit at 2 weeks
QUESTIONS	(425) 656-5060 , day or night

What We Did

Your collarbone (clavicle) was broken. We lined the pieces back up and held them with **two small, low-profile plates and screws**, one on top of the bone and one on the front (called 90-90 plating). This is called an ORIF (open reduction and internal fixation). The plates usually stay in for good.

The bone is secure from day 1. What needs protecting is the layer of tissue over the plates that we opened and sewed back together. It takes about **6 weeks** to heal. Letting someone else (or your other arm) move your shoulder is safe now. Using your own shoulder muscles to lift, push, or pull pulls on that healing layer. That is why the early rules below matter, even when the shoulder starts to feel good.

Your two jobs for the next two weeks

- **Protect the repair.** No lifting, reaching overhead, pushing, or pulling with the surgery arm.
- **Keep everything else moving.** Move your elbow, wrist, and fingers every day, and do your gentle passive shoulder exercises.

Day by Day

What to do, and what to expect, from the day of surgery to your PA visit.

DAY 0

The Day of Surgery

Goal: Rest, ice, and protect the arm in the sling.

You go home the same day. **Rest today.** The main goal is to **control pain and swelling** and get your recovery started.

- **Wear the sling** today and tonight. It keeps the arm comfortable and protected.
- **Ice the shoulder** as soon as you get home, over the waterproof dressing or a thin cloth. See Icing Your Shoulder below.
- **Sit up or recline.** Many people are most comfortable sleeping propped up the first few nights. Put a pillow under the surgery arm for support.
- **Open and close your hand** often. Making a fist keeps blood moving and helps with swelling in the hand.
- **Wear a loose, front-opening shirt.** Put the surgery arm in the sleeve first, and take it out last.
- **Take your 81 mg aspirin for 2 weeks**, as your Medication Guide explains. It helps prevent blood clots after surgery.

Stay ahead of the pain

Most patients feel pretty good the day of surgery because of the medicine given during surgery. It wears off over the first night. **Take your pain medicine before bed on the first night, even if you feel fine.** It is much easier to stay ahead of pain than to catch up to it.

Before bed tonight

- ☐ Pain medicine taken
- ☐ Ice on the shoulder, with a layer between the ice and your skin
- ☐ Sling on, pillow supporting the arm
- ☐ Clear path to the bathroom, night light on

DAY 1

The Day After Surgery

Goal: Start moving the elbow, wrist, and hand, and begin gentle passive shoulder motion.

1 Leave the dressing on until day 5

Your incision is closed in layers: **dissolving stitches** under the skin, then **skin glue with a mesh tape** on top, then a **waterproof dressing** over that. **Leave the waterproof dressing on until day 5.** You can shower with it on starting 48 hours after surgery. A small amount of dried blood under the dressing is normal. **No creams, lotions, or ointments** on the incision for 4 weeks.

If blood soaks through the dressing or is leaking out the edges, call **(425) 656-5060**. This is very unlikely.

2 Move your elbow, wrist, and hand

Take the arm out of the sling for these, 3 times a day. Keep the upper arm relaxed at your side.

- **Elbow:** bend and straighten the elbow fully. 15 times.
- **Forearm:** with the elbow bent, turn the palm up, then down. 15 times.
- **Wrist and fingers:** bend the wrist up and down, then make a full fist and open wide. 15 times each.
- **Squeeze a soft ball** or putty. 15 times.
- **Neck:** gently look up, down, and side to side, so your neck doesn't get stiff.

3 Pendulums (passive shoulder motion)

Twice a day, for about 5 minutes. Stand and lean forward, supporting yourself with your good hand on a table. Let the surgery arm hang straight down, completely relaxed. Gently sway your **body** so the arm swings in small circles. **The shoulder muscles stay off.** Gravity and your body do the work, not your arm.

Passive vs. active: the key rule

Passive motion means something else moves your shoulder (your therapist, your other arm, or gravity) while your shoulder muscles stay relaxed. That is safe right away. **Active motion** means using your own shoulder muscles to lift the arm. **No active lifting of the arm until your PA visit.** Using the hand for light tasks down at your side, like eating or typing, is fine.

Sleeping

Sleep on your back or on your good side, with a pillow supporting the surgery arm. **Don't sleep on the surgery side.** Pressure on the plates and incision hurts and can disturb healing. Wear the sling at night for now.

DAYS 2–7

The Rest of the First Week

Goal: Comfortable, protected, and moving everything that's allowed.

- **Keep doing your elbow, wrist, and hand exercises** 3 times a day, and pendulums twice a day.
- **Start physical therapy 5 to 7 days after surgery.** Your therapist will gently move your shoulder for you and teach you how to do it with your other arm. Bring your PT prescription and protocol.
- **Shower starting 48 hours after surgery**, with the waterproof dressing on. It can get wet. Pat it dry after. See the Frequently Asked Questions.
- **Day 5: take off the waterproof dressing.** Peel it off slowly, starting at one corner. **Leave the glue and mesh tape on.** They stay on for 2 to 3 weeks, and we will review taking them off at your PA visit. From now on, shower with the glue and mesh tape uncovered: let the water run over it, don't scrub, and pat it dry.
- **Keep icing**, 20 minutes on, 20 minutes off, especially after exercises and whenever the shoulder aches.
- **Sling:** keep using it most of the time, especially at night, in crowds, and when you are tired. It is fine to take it off while sitting quietly with the arm resting on a pillow.
- **Bruising** may spread across the chest and down the arm. This is normal.
- **Start cutting back the narcotic pain medicine** as the pain allows. See your Medication Guide.

WEEK 2**Until Your PA Visit***Goal: Less pain, less sling, and good passive motion.*

- **Keep up your exercises** and PT. The goal is for your therapist to be able to raise your arm to shoulder height without pain.
- **Start weaning the sling** as comfort allows. Most people are out of it between weeks 2 and 4.
- **Still no active lifting, reaching overhead, pushing, or pulling** with the surgery arm, and no lifting anything heavier than a coffee cup.
- **Desk work or school:** fine as soon as you are comfortable and can follow these rules.
- **Leave the glue and mesh tape on.** Don't pick at the edges or soak it. We will review taking it off at your PA visit.

Your PA visit at 2 weeks

We will check your incision and review taking off the glue and mesh tape, check your motion, review how PT is going, and answer your questions. If all looks good, **we'll clear you to start lifting the arm with your own muscles, up to shoulder height.** Write your questions down as they come up, and bring this guide and your sling.

Managing Pain

Your medicines are explained on the separate **Medication Guide** that comes with this packet. Medicine is only one of the tools you have. These have been shown to lower pain and the amount of narcotic medicine people need:

- **Ice and the anti-inflammatory medicine.** These two together are your best tools for pain and swelling.
- **Mindfulness meditation** has been shown to help with pain after surgery. Guided meditations are free at mindfulness-for-pain.mindful.org.
- **Listening to music** lowers pain levels and the need for narcotic pain medicine after surgery.
- **Accept that some pain is part of healing.** Your body sends blood flow and energy to the areas that hurt, and that is part of recovery. After the first couple of days, our goal is a pain level of about **6 out of 10 with medicine.** "Zero pain" is not the goal.

Expect pain to be worst on days 2 and 3. Most patients feel pretty good the day of surgery because of the medicine given during surgery. Then things get sorer before they get better. This is normal and it passes.

Constipation

Narcotic pain medicine commonly causes constipation. Try these in order:

1. Cut back on the narcotic pain medicine if your pain allows.
2. Drink plenty of water and other decaf fluids.
3. Eat dried prunes or drink prune juice.
4. Take Senna (Senokot), an over-the-counter laxative.
5. Add Miralax, a stronger over-the-counter laxative.
6. If you have not had a bowel movement in 5 days, call the office.

Icing Your Shoulder

Frequent icing in the first 1 to 2 weeks helps control pain and swelling and often lowers the amount of pain medicine you need.

- **How often:** 20 minutes on, 20 minutes off, as often as you can while you are awake, especially in the first week and after your exercises.
- **Ice machine:** If you have one with a shoulder pad, use it a lot. Compression is fine from day one.
- **Always keep a layer between the ice and your skin**, such as a thin t-shirt (or the waterproof dressing for the first 5 days). Check your skin each time you take the ice off.
- **No ice machine?** Bags of ice or frozen peas wrapped in a thin towel work well, on the same 20 minutes on, 20 minutes off schedule.

Eat to Heal

What you eat has a **direct effect on how well and how fast you recover**. After surgery your body breaks down muscle to get the building blocks it needs for healing. Good nutrition lets it rebuild instead.

- **Protein:** Aim for 1.6 to 2.0 grams per kilogram of your ideal body weight each day. Most people eat far less. A protein shake is an easy way to close the gap when your appetite is low.
- **Creatine:** 10 grams a day. It helps muscle energy and lowers inflammation, and it is one of the most studied and safest supplements. Let your other doctors know you take it, since it can raise a kidney number (creatinine) on blood work.
- **Vitamin D:** 2,000 to 5,000 IU a day. Important for bone healing and your immune system.
- **Vitamin C:** 500 mg twice a day. Your body needs it to make collagen, the protein that holds tendons, ligaments, and your repair together.
- **Collagen peptides:** 10 to 20 grams a day, taken with the vitamin C.
- **Water:** 8 to 10 glasses a day. Well-hydrated patients have less pain, nausea, and fatigue.

The full nutrition guide is at merrittsurgery.com/surgeries/nutritional-optimization

Is This Normal?

Use this page to decide whether to wait it out, call us, or call 911.

OK

NORMAL

NORMAL — expected after surgery

- **Swelling** around the collarbone and shoulder for the first week or two
- **Bruising** that spreads across the chest and down the arm over the first week
- A little **dried blood** under the waterproof dressing in the first few days
- A **low fever up to 100.5°F** for the first 2 to 5 days. Deep breaths help bring it down
- **Numbness of the skin below the incision**, on the upper chest. It usually shrinks over 6 to 12 months, but a small patch may stay numb
- Feeling the plates or screws **under the skin** as swelling goes down
- Trouble sleeping, low energy, or feeling down for a few days

CALL

CALL US

CALL US — (425) 656-5060

- **Temperature of 101.5°F or higher**, or shaking chills
- **Redness that spreads** away from the incision, or drainage that is cloudy, smells bad, soaks the dressing, or leaks out from under the mesh tape
- Any drainage that **starts or continues after day 4**
- **Calf pain or swelling that keeps getting worse**, especially if it is only in one leg
- Pain that is **not controlled** by your medicines
- **Hand or fingers that are numb, tingling, cold, or pale** more than 24 hours after surgery, or that don't improve after loosening the sling
- **Swelling or pain in the arm that keeps getting worse**
- Nausea or vomiting that keeps you from keeping down fluids or medicine
- **Black or tarry stools**, vomiting blood, or bleeding that won't stop
- **Unable to urinate** for 8 hours after surgery
- **A fall** onto the shoulder, or a new pop or grinding at the collarbone

911

EMERGENCY

CALL 911

- **Chest pain**
- **Shortness of breath** or trouble breathing
- Coughing up blood
- Fainting or passing out
- **Very sleepy, hard to wake up, or slow or shallow breathing** (possible narcotic overdose)
- Swelling of the face, lips, or throat, or a widespread rash (allergic reaction)

Don't see an answer to your question here?

Call our office at **(425) 656-5060**, day or night

Learn more at **merrittsurgery.com**

Frequently Asked Questions

If the plates are strong, why can't I use my arm?

The plates hold the bone securely from day 1. The limits protect the layer of tissue over the plates, which we opened and repaired. It needs about 6 weeks to heal. Using your shoulder muscles to lift, push, or pull tugs on that layer before it is ready.

How long do I wear the sling?

The sling is for comfort and protection, not to hold the bone. Wear it most of the time for now, especially at night, in crowds, and when you are tired. Take it off for exercises, showering, and dressing. Most people are out of it between weeks 2 and 4.

What can I do with my hand?

Light tasks with your elbow at your side are fine: eating, writing, typing, using your phone. No lifting anything heavier than a coffee cup, no reaching up or out, and no pushing or pulling (like opening heavy doors or pushing up from a chair) with the surgery arm.

When can I shower?

Starting **48 hours after surgery**, with the waterproof dressing on. It is made to get wet. **Take the dressing off at 5 days**, and after that shower with the glue and mesh tape uncovered. Let soapy water run over the incision, but don't scrub it, and pat it dry. Have someone nearby the first time. Take the sling off and let the arm hang relaxed at your side. To wash under that arm, lean forward and let it swing away from your body. **No baths, pools, or hot tubs until we clear you**, since soaking softens the glue and the healing skin.

Do I need stitches out?

No. All of your stitches are under the skin and dissolve on their own. The skin glue and mesh tape stay on for **2 to 3 weeks**, and we will review taking them off at your PA visit. Nothing else needs to be removed.

The skin below my incision is numb. Is that normal?

Yes. Small skin nerves cross the collarbone and are often stretched or cut during surgery. The numb patch on the upper chest usually shrinks over 6 to 12 months, but a small area may stay numb. It does not affect how the shoulder works.

Will the plates need to come out?

Usually not. We use very low-profile plates. If they ever bother you, for example with backpack straps, they can be removed once the bone is fully healed, usually no sooner than a year after surgery.

When can I drive?

Not until the sling is off, you have comfortable control of the arm, and you are off all narcotic pain medicine. For many people this is around 2 weeks at the earliest. We'll talk about it at your PA visit.

When can I go back to work or school?

School or desk work as soon as you are comfortable and can follow the arm rules. Heavy lifting or overhead work usually waits until 8 to 10 weeks, once the bone has healed.

Does smoking matter?

Yes. Smoking and nicotine slow bone healing a lot and raise the risk that the bone won't heal. If you smoke or vape, this is the time to stop.

How do I get a refill?

Call **(425) 656-5060** during business hours, Monday through Friday, a day or two before you run out. Narcotic pain medicine cannot be refilled after hours or on weekends. You can also ask at your PA visit.

YOUR MEDICATION GUIDE

Smaller Procedures

After surgery you go home with a small team of medicines. **Each one has a specific job**, and they work best together. This guide explains what each medicine is for, how to take it, and when to stop. Your prescription labels have your exact doses. If anything here differs from your label, follow the label and call us.

This guide is for knee arthroscopy, meniscectomy, clavicle fracture repair, and other smaller procedures.

Your Medicines at a Glance

These are my standard medicines after this surgery

Your plan may be different because of your allergies, your health history, or a different plan for pain or blood thinners (anticoagulation). If we discussed a different plan with you, follow that plan and your prescription labels.

Type	Medicine	Its job	How to take it
SWELLING	Anti-inflammatory medicine usually meloxicam (Mobic)	Calms swelling and inflammation where you had surgery, which also lowers pain.	Twice a day, with food
PAIN	Acetaminophen (Tylenol)	Works on pain in a different way than the other medicines, so together they work better with fewer side effects.	Every 8 hours
CLOTS	Aspirin 81 mg baby aspirin	Thins the blood slightly to prevent blood clots after surgery while you are less active.	Twice a day, unless you were given a different blood thinner plan
PAIN	Narcotic pain medicine usually oxycodone (or hydrocodone or Dilaudid)	Takes the edge off strong pain so you can rest, sleep, and do your exercises.	As needed
HELPER	Anti-nausea medicine ondansetron (Zofran) If prescribed	Settles nausea from anesthesia or the narcotic.	As needed
HELPER	Miralax and Senna	Treat constipation from the narcotic, if it happens.	Only if constipated
HELPER	Omeprazole 20 mg Prilosec	Protects your stomach if the anti-inflammatory or aspirin upsets it.	Only if stomach upset

A Typical Day

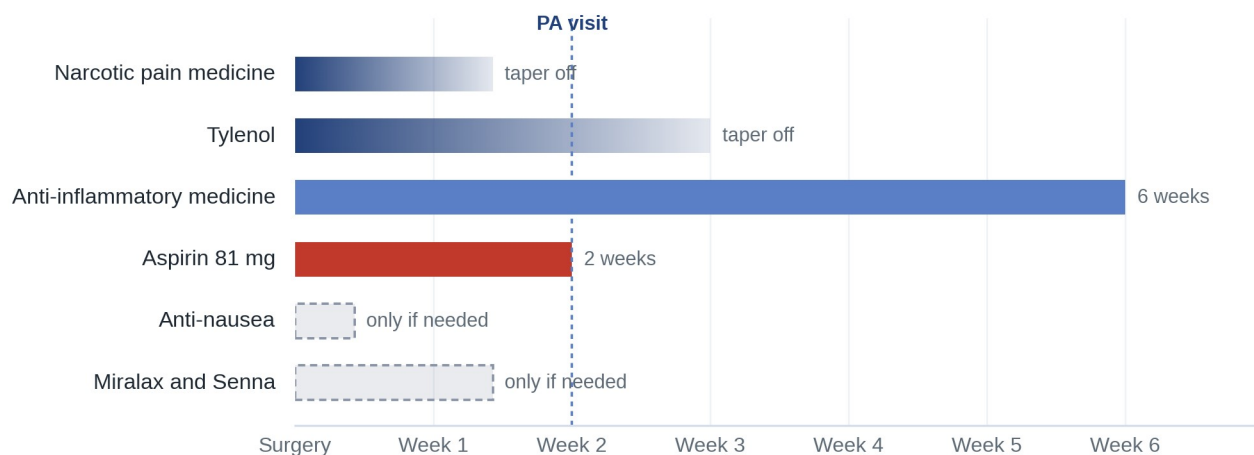
Scheduled medicines, spread through the day. Take the morning and bedtime doses with food or a snack.

Medicine	Morning with breakfast	Afternoon around 3 pm	Bedtime with a snack
Anti-inflammatory medicine	●		●
Acetaminophen (Tylenol)	●	●	●
Aspirin 81 mg	●		●

Only when needed: Narcotic pain medicine; Anti-nausea medicine; Miralax and Senna; Omeprazole 20 mg. Follow the label for how often.

How Long to Take Each One

Solid bars: take every day for the full time. Fading bars: taper off as you feel better. Dashed: only if needed.



Stop them in this order

- 1. Narcotic first.** Most people need it for a few days to 1 to 2 weeks.
- 2. Aspirin at 2 weeks. Always finish the full course.** It protects against clots, not pain, so how you feel doesn't matter.
- 3. Tylenol next,** once your pain is manageable without it.
- 4. Anti-inflammatory last, at 6 weeks.** We can discuss more at that visit.

Each Medicine in Detail

Anti-inflammatory medicine usually meloxicam (Mobic)

Its job: Calms swelling and inflammation where you had surgery, which also lowers pain.

How to take it: Take **twice a day** (morning and evening) **with food**, as directed on the bottle. Keep taking it for **6 weeks**, even when you feel good. We can discuss continuing it at your 6-week visit.

- **Do not add ibuprofen (Advil, Motrin) or naproxen (Aleve).** They are the same family of medicine, and taking two together raises the risk of stomach bleeding.
- Not prescribed if you are allergic to anti-inflammatories. If you already take your own anti-inflammatory, keep taking yours instead.

Acetaminophen (Tylenol)

Its job: Works on pain in a different way than the other medicines, so together they work better with fewer side effects.

How to take it: Take **1,000 mg (two 500 mg tablets) every 8 hours**. Continue until your pain is manageable without it.

- **WARNING: Never take more than 3,000 mg of acetaminophen in a day from all sources combined.** Too much can seriously damage your liver.
- Some narcotic pills (such as Norco or Percocet) and many cold and flu medicines also contain acetaminophen. If yours does, it counts toward the 3,000 mg. We usually prescribe plain oxycodone for this reason. If you are not sure, ask your pharmacist or call us.

Aspirin 81 mg baby aspirin

Its job: Thins the blood slightly to prevent blood clots after surgery while you are less active.

How to take it: Unless we have discussed a different blood thinner plan with you, take **1 tablet twice a day** (morning and evening) for **2 weeks**. Finish the whole course, even if you feel great.

- **Some patients get a different blood thinner instead of aspirin**, for example if you already take one (such as Eliquis, Xarelto, or warfarin) or need a stronger one after surgery. If we have discussed a different plan with you, follow that plan instead of these aspirin instructions, and do not take aspirin on top of it unless we tell you to.
- If it upsets your stomach, take omeprazole (below).

Narcotic pain medicine usually oxycodone (or hydrocodone or Dilaudid)

Its job: Takes the edge off strong pain so you can rest, sleep, and do your exercises.

How to take it: Take as directed on the bottle, **only as needed** for pain. Use the lowest dose that keeps your pain around 6 out of 10.

- **Do not drive**, drink alcohol, or take sleeping pills or anxiety medicine (like Ambien or Xanax) while taking it.
- It causes constipation. See Miralax and Senna below.
- **This is the first medicine to stop.** See "Stop them in this order" on page 2 for how long most people need it.
- Store it out of reach, and take any leftovers to a pharmacy drop box when you are done.

Anti-nausea medicine ondansetron (Zofran)

If prescribed

Its job: Settles nausea from anesthesia or the narcotic.

How to take it: Take as directed, **only as needed** for nausea. The dissolving tablet goes on your tongue if you can't keep pills down.

Miralax and Senna (over the counter)

Its job: Treat constipation from the narcotic, if it happens.

How to take it: Only if you become constipated. Start with Senna, and add Miralax if you still need it. Follow the package directions, and see the constipation steps in your post-op packet. Stop when you stop the narcotic.

Omeprazole 20 mg (over the counter) Prilosec

Its job: Protects your stomach if the anti-inflammatory or aspirin upsets it.

How to take it: Only if you get an upset stomach or heartburn: take 1 capsule once a day, 30 minutes before breakfast.

- If you already take a stomach medicine (Prilosec, Nexium, Protonix, Pepcid), keep taking yours instead.

Questions about your medicines?

Call our office at **(425) 656-5060**, day or night.

Refills: call during business hours, a day or two before you run out.

Call 911 for trouble breathing, or swelling of the face, lips, or throat after taking a medicine.