

CLAVICLE FRACTURE REPAIR

Before Your Surgery

YOUR SURGERY AT A GLANCE

SURGERY	Open reduction and internal fixation (ORIF). The bone is lined up and held with two small, low-profile plates and screws (90-90 plating)
HOW LONG	About 45 minutes to 1 hour
ANESTHESIA	The anesthesia team will review the plan with you on the day of surgery. No nerve block is used for this surgery
WHERE	Proliance Surgery Center at Valley (PSCV) or Valley Medical Center (VMC), both in Renton. We will tell you which. You go home the same day
AFTER SURGERY	A sling for comfort and protection, weaned by weeks 2–4 . PA visit at 2 weeks
PHYSICAL THERAPY	Starts 5 to 7 days after surgery, 2 times a week . Schedule it before surgery

Do these now, before surgery

- **Schedule physical therapy** for 5 to 7 days after surgery.
- **Arrange a driver** and someone to stay with you for the first 24 hours.
- **Get loose, front-opening shirts ready** (button-down or zip-up). Pulling a shirt over your head will be hard for the first few weeks.
- **Have ice packs or bags of ice** ready at home.

About Your Injury

A clavicle fracture is a broken collarbone. It is one of the most common orthopedic injuries, making up about 5% of all fractures. It usually happens from a fall directly on the shoulder, a direct blow to the collarbone, or trauma from sports, cycling, or car accidents. Typical symptoms are immediate pain at the break, pain with any arm movement, a visible bump or deformity, and bruising. X-rays confirm the diagnosis.

Many clavicle fractures do not need surgery: a sling and time are usually enough for healing. Surgery is recommended when the fracture is badly displaced or shortened, bone pieces are tenting the skin, blood vessels or nerves are at risk, the break is in the outer third of the bone (most of these), or when an athlete in a contact sport wants the fastest return to activity.

Why surgery: your fracture pattern is one where surgery gives the best result, with reliable healing and a faster return to activity.

About Your Surgery

The surgery is called **open reduction and internal fixation (ORIF)**. I make an incision over the break, carefully line the bone pieces back up, and hold them with **two small, low-profile plates** and screws, one on top of the bone and one on the front (**90-90 plating**).

I use very low-profile plates that usually do not need to be removed. Older plates were bulkier and could be uncomfortable under the skin. This modern approach lowers both the bump and the discomfort.

The plates hold the bone securely **from day 1**. We limit your activity after surgery for a different reason: the layer of soft tissue over the plates (the deltotracheal fascia) was opened during surgery and takes about **6 weeks** to heal. All of the limits after surgery protect this healing layer.

The plates usually stay in for good. If they cause symptoms, such as a prominent plate or tenderness with backpack straps or direct pressure, they can be removed as an elective surgery once the bone is fully healed, usually no sooner than **12 months** after surgery.

Risks of surgery

Stiffness, infection, blood clots, numbness around the incision, continued pain and swelling, hardware irritation, the bone not healing (non-union, about **2%** with surgery), and the need for more surgery.

Learn more on my website

My website covers clavicle fractures, when surgery is needed, and what recovery looks like in more detail. merrittsurgery.com/surgeries/clavicle-fracture



Scan to learn more

The Day of Surgery

What to expect, step by step.

1 A couple of days before

The nursing staff will call to confirm your check-in time and when to stop eating and drinking.

2 Check in

Check in at the front desk at your assigned time. In the pre-op area, with your family, our nurses will help you change, start an IV, and review your health history.

3 Meet the team

I will meet with you to review the plan, and the anesthesia team will explain their approach.

4 Surgery

When the operating room is ready, you will walk back with a nurse. After anesthesia is given, you will not remember anything until the recovery room. While you are in surgery, your family can pick up your post-operative medicines at the pharmacy (next to the surgery center at PSCV, or near the operating rooms at VMC).

5 Recovery room and going home

You will be monitored and have some crackers and juice. Then you will change into your clothes and be wheeled to your car. **You need someone to drive you home and stay with you for the first 24 hours.**

After Surgery: What to Expect

Pain, swelling, and limited motion are normal after surgery and improve over time. A **sling** gives comfort and protection. Wear it most of the time early on, and take it off for exercises and showering. Many people can wean off the sling by **weeks 2–4**, as comfort allows. Elbow, wrist, and hand exercises start right away. Do not let these joints get stiff.

Passive shoulder motion starts right away: your therapist or your other arm moves the shoulder while your shoulder muscles stay relaxed. This is safe from day 1 because it does not load the healing tissue layer. **Active motion** (using your own muscles) starts at **week 2**, working toward shoulder height (**90°**) by week 4. Motion above 90° starts at week 4, with full overhead motion by week 6. **Strengthening does not start until week 6**, once full active motion is confirmed. Physical therapy starts **5 to 7 days** after surgery, usually **2 times a week**.

When	What to expect
Weeks 0–2	Sling most of the time for comfort and protection (off for exercises and showering). Wean as comfort allows. Passive shoulder motion only (your therapist or other arm moves the shoulder). Pendulum exercises 2× a day. Elbow, wrist, and hand motion from day 1, and grip strengthening. No active lifting or muscle use at the shoulder.
Weeks 2–6	Active shoulder motion begins, raising the arm forward and to the side, working toward 90° (shoulder height) by week 4. Above 90° starts at week 4, full elevation by week 6. Sling off by week 4. Passive stretching continues. Shoulder blade exercises begin. No strengthening yet: moving through a range is different from loading with resistance.
Weeks 6–12	Full active motion confirmed, then strengthening begins. Rotator cuff and deltoid exercises with bands and light weights. Push-up progression (wall, then incline, then floor). Overhead press around weeks 8–10. Return to overhead, pushing, and pulling activities.
Months 3–4	Sport-specific and work-specific strength training. Return to contact sport after I confirm healing on X-ray. Shoulder strength goal is at least 80% of the other side.
Months 4–6	Most people reach full function. Keep up strength work. Clearance for full activity, including contact and collision sports.

Driving and returning to work

- **Driving:** not until the sling is off, you have comfortable control of the arm, and you are off narcotic pain medicine. We will talk about it at your PA visit.
- **Desk work or light duty:** as comfort allows, once you can follow your arm restrictions.
- **Manual labor or overhead work:** weeks 8–10, once the bone has healed.

Preparing for Surgery

Medicines and supplements before surgery

- The pre-op nurse will tell you when to stop eating and drinking.
- **Stop fish oil, vitamin E, and herbal supplements 5 days before surgery.**
- **Tell us** if you take a blood thinner (such as Eliquis, Xarelto, warfarin, or Plavix) or a weekly diabetes or weight-loss injection (such as Ozempic, Wegovy, or Mounjaro). These may need to be stopped earlier.

Physical therapy before surgery (prehab)

No prehab is needed for this surgery, but staying in good general shape helps your recovery.

Nutrition

What you eat has a direct effect on how well you heal. Start good nutrition before surgery and continue through your recovery. Our nutrition guide explains what to take and how much: merrittsurgery.com/surgeries/nutritional-optimization



Scan for the nutrition guide

Ice your shoulder after surgery

Ice the shoulder **20 minutes on, 20 minutes off**, especially after exercises. Icing often in the first 1–2 weeks helps control pain and swelling and often lowers the amount of pain medicine you need.

Get your home ready

- Set up a comfortable place to sleep: on your back or on your other side, with a pillow supporting the surgery arm.
- Have loose, front-opening shirts ready (button-down or zip-up). Pulling a shirt over your head will be hard for the first few weeks.

Day-of-Surgery Checklist

- ☐ Verify your check-in time and follow the instructions on when to stop eating and drinking
- ☐ Physical therapy scheduled for 5–7 days after surgery
- ☐ Wear a loose, front-opening shirt (button-down or zip-up)
- ☐ No perfume or lotion on your skin
- ☐ Remove jewelry or leave it at home
- ☐ Ice packs or bags of ice ready at home
- ☐ A driver, and someone to stay with you for the first 24 hours
- ☐ If you are under 18: one family member must stay at the surgery center or hospital during the entire surgery

Contact Information

Questions about your surgery	(425) 656-5060
PSCV Surgery Center	(425) 226-2041
Surgery scheduling	(425) 528-7155
Pre-op nurse	(425) 291-1465
Billing	(425) 291-1414
PSCV address	4009 Talbot Rd S, Ste 200, Renton, WA 98055
VMC address	400 S. 43rd Street, Renton, WA 98055