

Patient information and Discharge advice for adult patients who have undergone surgical fixation of a clavicle fracture

Major Trauma and Trauma
Orthopaedic Departments
Lower Lane
Liverpool L9 7AL
Tel:0151-525-5980

This leaflet is designed for patients over the age of 16, who have undergone an operation for the repair of their fractured Clavicle.

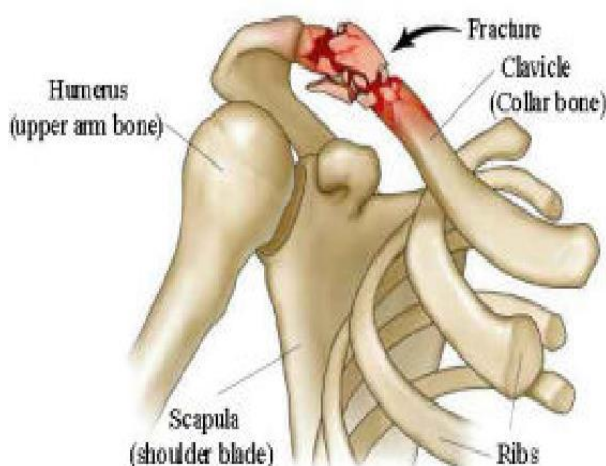
This is also referred to as an open reduction and internal fixation of the clavicle.

What is a clavicle?

The clavicle is commonly known as the collar bone. It forms a strut which connects the rib cage to the shoulder blade. The clavicle is important as it stabilises the shoulder joint.

Clavicle fractures are commonly known as a breaking of the collarbone, and they are usually a result of injury or trauma.

The most common type of fractures occurs when a person falls horizontally on the shoulder or with an outstretched hand.



Above is a diagram of the location of the clavicle and illustrates a comminuted fracture of the clavicle.

How is it diagnosed?

Usually a doctor will examine you to make sure there has been no damage to the nerves and vessels which travel under the clavicle and throughout the arm.

The doctors will request an x-ray to diagnose a clavicle fracture. Sometimes further scans are requested to aid diagnosis e.g. CT scans.

Common reasons for surgical repair

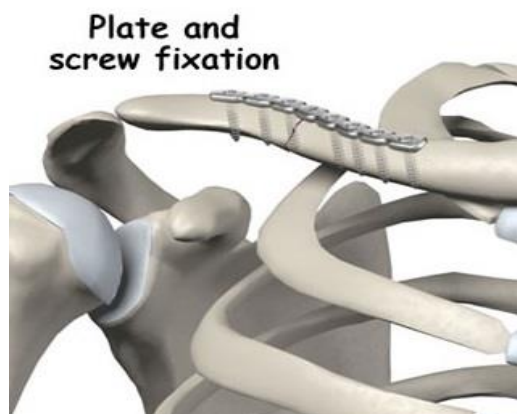
Your surgeon will discuss the reason for fixation with yourself. The following are common reasons for surgical repair of a clavicle fracture:

- Non-union – this is a medical term for a bone that does not heal correctly
- Unstable fracture
- Displaced fracture with skin tenting
- A fracture that is associated with a large blood vessel injury
- Floating shoulder
- Patients with a clavicle and high rib fractures who require fixation of ribs.

The Operation

The operation is performed under a general anaesthetic. The surgeon will make a cut in the skin over the fracture site.

The bone is reduced into position and a plate with small screws are surgically fitted.



Above is a diagram of the plate and screw fixation operation for a clavicle fracture

After the operation

The surgical wound will be closed with surgical staples. A dressing will cover the wound. It is expected for the wound to ooze a small amount of blood stained fluid.

Your surgeon will discuss with you about your post-operative plan

Discharge

You may need to stay in hospital overnight, depending on the extent of the injury. Other injuries may contribute to the length of your hospital stay also.

Before you're discharged, you may see a physiotherapist, who can show you some gentle arm and shoulder exercises to do at home with your arm out of its sling.

These will help reduce stiffness, relieve some of the pain, and build up strength in your shoulder muscles. A paper copy with the exercises will be given to you prior to your discharge

The Occupational therapists may also be involved to help you adapt your daily living due to the injury

Discharge summary, medical advice, patient information leaflet, medical alert card, sick note, and medicines will be given to you on the day of discharge from the hospital.

The first 24 hours post discharge

You should be accompanied by a responsible adult on returning home from the hospital that can stay with you for at least 24 hours.

Painkillers

Painkillers will be prescribed for you for about 7 – 14 days.

The Trauma Acute Pain Team will discuss you painkillers with you prior to discharge and also make recommendations to yourself and GP.

The painkillers may well cause constipation, so it's important to get plenty of fibre in your diet while you are recovering.

Wounds and Dressings

A doctor or nurse will give you advice about how your wounds were closed and how to care for them.

If dressings are required for your wounds after discharge, they will be provided and explained to you.

You need to keep the scar / scars covered after your surgery. You do not need to worry about getting the wound wet. Dressing acts as a barrier against water.

Many patients have concerns that standing up straight will pull at the stitches. Don't worry about this.

Getting out of bed and standing up straight will actually help you to recover more quickly.

Recovery advice

You may find the following advice helpful while recovering from a broken collarbone:

- use extra pillows at night to keep yourself more upright if you find sleeping uncomfortable
- use ice packs and painkillers if pain and swelling continues while your arm is in a sling
- try to move your elbow, hand and fingers regularly as soon as it's comfortable to do so
- You will normally be managed in a sling for 1 week after surgical fixation
- avoid contact sports for at least 10 to 12 weeks after the injury – your doctor will tell you when you can go back to work and resume normal activities
- No lifting. Do not lift more than 5 pounds with the fractured arm for six weeks post-injury.
- It's important to let your arm hang freely. Avoid resting your arms and elbows on chairs, tables, pillows or inside the sleeves of clothes until you've healed.

Build up gradually

Have a go at doing some of the things you would normally do, but build up gradually. Everyone recovers at a different speed, so not all of the suggestions will be suitable for everybody.

Getting back to your normal work routine sooner rather than later can actually help you to recover more quickly. So work can be part of your recovery.

Getting back to work

How quickly you return to work depends on a number of things.

People whose work involves a lot of heavy lifting, or standing up or walking for long

periods of time, will not be able to return to work as quickly as those who have office jobs which are less demanding physically.

In most cases it's usually safe to return to work 6 weeks after a clavicle fracture.

If your employer has an occupational health nurse or doctor they will advise you on this. Alternatively your GP can give you advice.

Ultimately, it's your decision when you want to go back, and there's no insurance risk to your employer if you choose to do so.

You do not need your GP's permission to go back to work - this is ultimately your decision.

Depending on the nature of your job, you might want to ask your employer about returning to work on lighter duties at first. This means:

- Spending more time sitting rather than standing or walking
- Doing work that is mostly paperwork, using a computer or telephone
- Not carrying more than around 5 kg any significant distance
- Avoiding tasks such as prolonged loading or unloading, packing or unpacking.

If you have an HR Department at work, they will be able to advise you on how your absence might affect any benefits you may be receiving during your time off.

When should you return to hospital?

You should bear in mind that there always is a risk of developing complications after every injury.

Call your doctor or attend the Accident & Emergency Department, if you have:

- Increasing or sudden onset of shortness of breath

- Increased or persistent pain not relieved with pain relief medications
- Temperature above 38.5°C
- Shakes, swelling, chills, rigors
- Uncontrolled vomiting
- Inability to have a bowel movement after four days
- Dizziness/feelings of faintness
- Blood in your vomit, urine, or cough
- Swollen leg or both legs

Follow up

You'll probably need to go back to the hospital outpatient department about one week later to make sure your collarbone is healing properly.

See your GP if you have any concerns before this appointment.

You should go back to the A&E department if you notice any weakness developing in your arm or hand, or if your pain suddenly becomes worse.

Who do I contact if I have questions or concerns?

- Major Trauma Nurse Coordinators: Contact Hospital switch board on 0151 525 5980 and ask switchboard to bleep 5428. This service is available 7 days a week from the hours of 8 am to 8 pm.
- Nursing staff on Major Trauma Ward: Telephone number: 0151 529 6255
- Major Trauma Nurses 24hr answering machine. Leave name contact number and short message. Telephone number 0151 529 2551
- During working hours 8am - 5pm Monday to Friday you can Contact the secretary and leave a message for the surgical team.

- If you think that your condition is serious then it is best to come straight to Aintree Accident & Emergency department*.

Please seek advice from your GP.

*When you come to the hospital please bring this and any other relevant discharge documents that you may have been given at the time of discharge to help the A&E doctors to decide your management.



If you require a special edition of this leaflet

This leaflet is available in large print, Braille, on audio tape or disk and in other languages on request. Please contact:

Tel No: 0151 529 2906

Email: interpretationandtranslation@aintree.nhs.uk