

Midshaft Humerus Fractures

[Dr Jarrad Stevens Home Page](#)

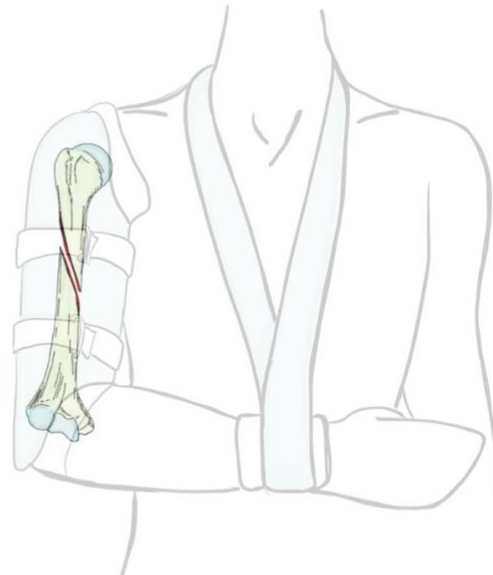
Fractures of the arm (Humerus) can occur at any age and are usual as a result of a fall or accident. Some fractures can be managed in a specialist brace while other fractures of the humerus require surgery.

Dr Stevens is a trauma surgeon and will assess your injury and organise x-rays and scans if required. If surgery is needed, our team will help guide you through the process as a successful outcome will require recovery and rehabilitation often with physiotherapists close to your home location in Melbourne.

A simple crack in the bone, while painful, will normally heal well. Dr Stevens may organise for a specialist brace to be fitted for you (Sarmiento Brace). Follow up x-rays will be required.



A specialist arm brace is fitted



The brace holds the bone in position

If the broken bone has moved too much or if the fracture is unstable then surgery to lock the bone back in place may be the best option. Dr Stevens will discuss this with you.



Normal Humerus



Fractured Mid-shaft Humerus

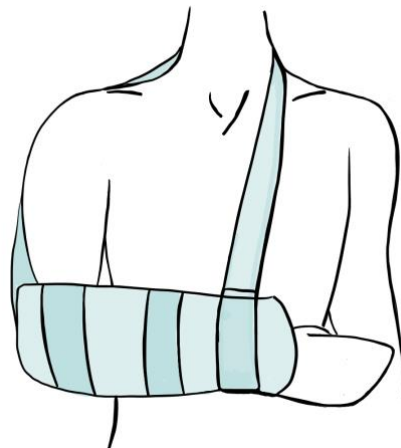


Fixed with surgery

Discharge home: After your surgery you will stay in hospital overnight and can be discharged the following day with pain relief tablets.

Pain relief: After surgery it is normal to have some pain or discomfort. The amount of surgery you have had will influence how much pain you can expect and how long you will need pain relief for. You will be given pain relief tablets to take home with you when you leave the hospital. Take these over the next to take for two to three of days as you need. If you have had a graze over the fractured arm you may be discharged with antibiotics to help prevent infection.

Looking after the surgical scar: There will be a dressing over the surgical incision over the arm. You will be in a sling for comfort. This helps to keep the broken bone still while it heals and helps you to remain as comfortable as possible.



You will need to keep the dressing clean and relatively dry.

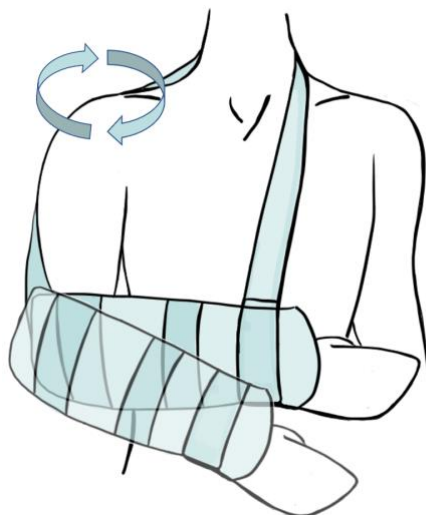
If the dressing does get wet, pad it dry – it should remain on for 10-14 days.

Movement after surgery: You can move your fingers and elbow straight away, but wear the sling provided for most of the day. The sling helps to take the weight of your arm to let the arm rest.

It is a good idea to keep moving even after your surgery, it helps your blood circulation and stops your body getting too weak. Avoid any strenuous activity for the first 2 weeks, but gentle walking and exercise is helpful

In the first 2 weeks after surgery do not lift your shoulder above 90 degrees or lift anything heavier than a glass of water.

You can gently move the shoulder in a circular type motion – this is called a pendular shoulder exercise.



Wound review: After 2 weeks you will have an appointment with Dr Stevens to have your wound checked, any stitches will be removed. Dr Stevens will then give you advice on exercises and physiotherapy.

Physiotherapy: Physiotherapy can be helpful to get your shoulder moving and strong again, but do not start this until you have had your appointment with Dr Stevens at 2 weeks.

Driving: You cannot drive until you have had your first review appointment with Dr Stevens. He will give you an indication then when you are likely to be able to drive again

Returning to work: This depends on the type of surgery you have had and the type of work you do. Most surgeries will need 2 weeks off work, some will require longer, especially if you have a manual job

As with all surgery, there are risks with fixing your humerus. These include infection, delayed healing or no healing of the bone. Difficulty with pain and range of movement may also occur. Sometimes surgery to remove screws or the plate is required in the future. Damage to nerve or blood vessels may have occurred as a result of the injury or when fixing the fracture. Great care is taken during your surgery to ensure all of the important structures such as the radial nerve are protected. Damage to these structures could cause serious injury loss of function. Sometimes, as a result of the injury or surgery, nerves may stop working for a period of time (normally 3 months). Dr Stevens will discuss these risks with you at your consultation.

- + Fever
- + Heavy bleeding or ooze from the wound
- + Increased swelling and redness around the surgery site
- + Pain in the calf muscles or difficulty breathing

If you have any of these problems, please call Dr Stevens or his rooms on 03 5752 5020



Dr Jarrad Stevens

MBBS ChM PGDip FRACS FAOrthoA

Suite 7 | 55 Victoria Pde | Fitzroy | 3065
P: 03 5752 5020 | F: 03 9815 3944 | M: 0419841141