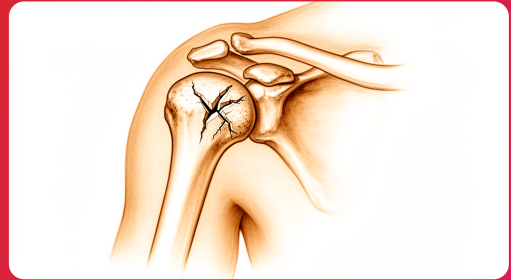


Proximal Humerus Fracture ORIF (Plate and Nail Fixation)



A fracture of the upper end of the arm bone, near the shoulder.

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At-a-glance recovery. Pooled from 45 published studies — your own pace will vary.

LIGHT DUTIES desk work, driving, daily tasks	MOST EVERYDAY ACTIVITIES manual work, sport, gym	FINAL OUTCOME PLATEAU pain and strength
2-6 weeks	12 months	120 months
Early active motion rehabilitation is not inferior to restrictive protocols, with patients often returning to light activities within 2 to 6 weeks.	Patients largely return to baseline functional status by 1 year post-surgery.	Ten years after locked plating, patients show good to excellent outcomes with no relevant decline compared to 1-year function.

Why this operation has been suggested

This operation, called open reduction and internal fixation, uses a plate and screws to hold your broken upper arm bone in place. It is typically offered to you if you are medically fit and have a severe fracture that has moved out of position. While most people with this injury heal well without surgery, your surgeon may recommend this step if non-operative care has not provided enough improvement or if the fracture is too unstable to heal on its own.

The goal of this surgery is to restore stability to your arm so you can begin moving it again and relieve pain. Evidence shows that for many patients, this approach leads to good long-term function and reliable healing. However, please know that in patients over 60, complications occur in 44% of cases, and the fixation fails in 34% of cases. Despite these risks, the procedure offers a chance to regain full use of your shoulder when other options are not suitable.

Before the operation

You will need to fast for several hours before your surgery and stop certain medications as your surgeon advises. Please arrange for a ride home and bring a list of all your current medicines. You will wear comfortable clothing to the hospital. Before the procedure, you may need X-rays, blood tests, or an anaesthetic review. These checks help your team understand your bone health and ensure you are safe for surgery. Your surgeon will use an open approach with a single incision over the shoulder to fix the fracture.

On the day

You will arrive at the hospital and meet your surgeon to confirm you are ready. Your anaesthetist will also meet you before the operation and talk you through both parts. This operation is done under general anaesthetic combined with a regional nerve block. You will be fully asleep for the operation, and the block – an injection that numbs the nerves supplying the arm before you wake up – provides pain relief for the first 12 to 24 hours after surgery.

Your surgeon will make a single conventional incision over the operative site to perform the procedure. You will then be moved to the operating theatre where the team works to fix your fracture. Afterward, you will wake up in recovery where the medical team monitors you closely as the effects of the anaesthetic wear off.

What the operation involves

Your surgeon will make a single cut over the front of your shoulder to reach the broken bone. This open approach allows direct access to the fracture site. Inside, your surgeon carefully moves the broken bone fragments back into their correct position.

To hold the bone steady while it heals, your surgeon will use a metal plate and screws. In some cases, a metal rod may be placed inside the center of the bone instead. These devices act like an internal splint to keep the bone aligned. For complex fractures with unstable sections, your surgeon might use two plates or add bone graft from another part of your body to support the healing process.

Once the bone is secured, your surgeon will close the cut with stitches or staples. A dressing is then applied over the area. This procedure is designed to provide rigid fixation and immediate stability for the fracture.

After the operation

You will wake up in the recovery ward with your arm in a sling and a dressing over the incision. Your surgeon used a single open cut over the shoulder to fix the bone. You will receive pain medicine to keep you comfortable. Most patients stay overnight, though some go home the same day. You must have someone stay with you for the first 24 hours to help. Early movement is encouraged to help your shoulder heal. Your team will show you how to care for the wound before you leave.

Recovery

You will likely feel pain and swelling in your shoulder for the first few days. This is normal as your body heals from the open incision over your shoulder. Your surgeon will prescribe medication to help manage this discomfort. Keeping your arm supported in a sling will also reduce the ache.

Your daily routine will focus on gentle movement while protecting the repair. You will wear a sling to keep your arm safe while you sleep and move around. Your physiotherapist will guide you through specific exercises to prevent stiffness. These movements are safe and designed to restore your range of motion without stressing the bone. You can perform light tasks with your other hand, but avoid lifting anything heavy with the operated arm.

As the swelling settles and your strength returns, you will feel more confident in your shoulder. You will know you are ready to drive once your surgeon clears you. Your progress depends on how your body responds to the surgery. Your timeline may differ from others; your surgeon and physiotherapist will guide you every step of the way.

What can go wrong

Most patients do well, but problems can occasionally happen. Your surgeon and the team monitor you closely to spot any issue early.

If you have a deep, throbbing pain that does not ease with simple painkillers, or notice redness spreading from your wound, you might have an infection. This is a serious problem that needs immediate attention. Call your surgeon right away or go to the emergency department if you see these signs.

Sometimes the bone does not heal properly, known as nonunion. You might feel a persistent ache or notice that your shoulder still feels unstable weeks after surgery. If you feel a clicking or grinding sensation that was not there before, tell your surgeon at your next review.

Your surgeon may use a metal plate or a nail inside the bone to hold the fracture in place. Occasionally, this hardware can fail or break. You might feel a sudden sharp pain or hear a snap in your shoulder. Report any new pain or change in how your arm moves immediately.

In older patients, surgery carries a higher risk of serious events during your hospital stay. If you feel unusually short of breath, confused, or very weak after the operation, seek medical help at once.

The complications table on this page lists typical rates if you want the specifics.

When to call us

Call us if you have a fever, increasing redness, or discharge from your wound. Go to emergency if you feel sudden severe pain, swelling in your calf, or shortness of breath. Contact us immediately if you lose sensation or cannot move your limb. These signs need urgent assessment to prevent serious complications.

CQ HAND + UPPER LIMB

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Complication rates from published literature

Pooled from 45 published studies. These are population-level rates, not your individual risk — your surgeon will discuss what applies to you.

COMPLICATION	REPORTED RATE	NOTES
overall complications	44%	Observed in patients aged >60 years treated with locking plates.
failure rate	34%	Observed in patients aged >60 years treated with locking plates.
tuberosity complications	25.9%	Complications including nonunion or malunion in reverse shoulder arthroplasty for fractures.
stiffness	25%	Most common complication in intramedullary nailing group for humeral shaft fractures.
hardware removal	22.2%	Reoperation rate for hardware removal in fracture dislocation series.
avascular necrosis	20%	High rate observed in patients with proximal humerus fracture dislocations.
implant failure	20%	Primary cause of reoperation in early locking plate series.
reoperation	13.7%	Overall reoperation rate reported in reviews of locking plate use.
screw cutout	11.6%	Common hardware complication in locking plate fixation.
varus collapse	6-15%	Loss of reduction into varus reported in 6-15% of locked plate fixations; risk factors include medial comminution and inadequate calcar support.
nonunion	2.8%	Most prevalent fracture complication in intramedullary nailing series.
infection	1.9%	Overall infection rate reported in systematic reviews of locking plate osteosynthesis.
nerve injury	1.3%	Overall nerve injury rate in reverse shoulder arthroplasty, applicable to complex fracture cases.

I have read this information and have had the opportunity to ask Dr Hirpara questions about the procedure, its expected recovery, and the complications listed above.

PATIENT – PRINT NAME

SIGNATURE

DATE