

Patient Information for Consent

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What is the clavicle?

The clavicle (or collarbone) is the long horizontal bone that connects your breastbone (sternum) to your shoulder. It connects your arm to your central skeleton so is important in how your arm moves. Your clavicle also protects the main nerves and blood vessels that supply your arm.

Your surgeon has suggested an operation to treat your broken clavicle. However, it is your decision to go ahead with the operation or not. This document will give you information about the benefits and risks to help you to make an informed decision.

If you have any questions that this document does not answer, it is important that you ask your surgeon or the healthcare team. Once all your questions have been answered and you feel ready to go ahead with the procedure, you will be asked to sign the informed consent form. This is the final step in the decision-making process. However, you can still change your mind at any point.

How does a clavicle fracture happen?

Most clavicle fractures happen when you receive a direct blow to your clavicle, or when you fall on your shoulder from a height or when you are moving quickly. Sometimes the fracture is just a little crack in the bone or a clean break. However, the fracture can be more severe with the bone broken in many places or the pieces widely apart from each other.

If fracture breaks through the skin, this is called an open (or compound) fracture.

What are the benefits of surgery?

The aim is to hold the pieces of bone in a good position while the fracture heals. This should help your arm to get back to normal.

Are there any alternatives to surgery?

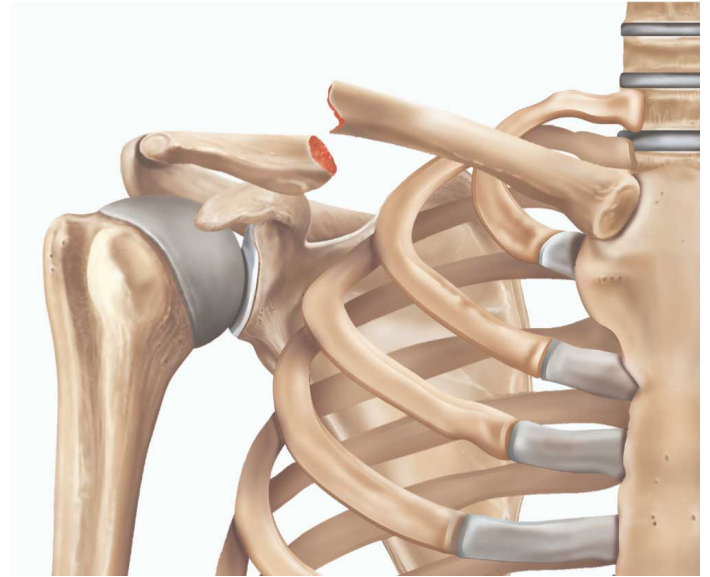
Some clavicle fractures heal well without surgery, if the bones are not widely apart or in many pieces. You will often need to wear a sling and take painkillers for the first week or two.

What will happen if I decide not to have the operation?

Your arm will be put in a sling. The physiotherapist will help you to start moving your arm as soon as possible.

If the bones do not heal in a good enough position, you are more likely to have pain and stiffness when you move your arm.

Surgery gives better long-term results the earlier it is performed.



A clavicle fracture

What does the operation involve?

The healthcare team will carry out a number of checks to make sure you have the operation you came in for and on the correct side. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

The operation is usually performed under a general anaesthetic but various anaesthetic techniques are possible. Your anaesthetist will discuss the options with you and recommend the best form of anaesthesia for you. You may also have injections of local anaesthetic to help with the pain after the operation.

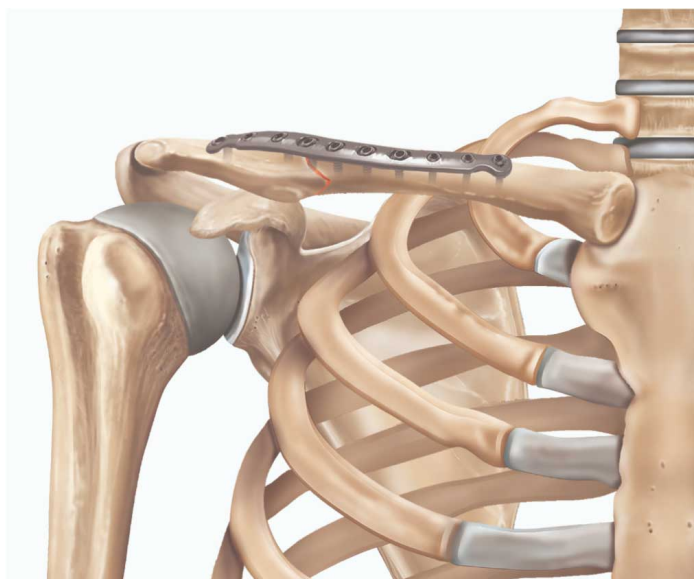
You may be given antibiotics during the operation to reduce the risk of infection.

The operation usually takes 45 minutes to an hour.

Your surgeon will make a cut on the front of your shoulder. They will move the pieces of bone back into their correct position. Your surgeon will usually fix the pieces of bone in place using screws, or plates fixed to the bone with screws. Sometimes your surgeon will use metal pins placed down the inside of the pieces of bone.

Your surgeon will discuss which option, or combination of options, is best for you.

They will close any cuts on your skin with stitches or clips and place your arm in a sling.



A plate fixed to the bone with screws

What should I do about my medication?

Make sure your healthcare team know about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

What can I do to help make the operation a success?

If you smoke, stopping smoking now may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

You can reduce your risk of infection in a surgical wound by taking the following steps:

- In the week before the operation, do not shave or wax the area where a cut is likely to be made.
- Try to have a bath or shower either the day before or on the day of the operation.
- Keep warm around the time of the operation. Let the healthcare team know if you feel cold.
- If you are diabetic, keep your blood sugar levels under control around the time of your procedure.

Speak to the healthcare team about any vaccinations you might need to reduce your risk of serious illness while you recover. When you come into hospital, practise hand washing and wear a face covering when asked.

What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you. Some risks are higher if you are older, obese, you are a smoker or have other health problems. These health problems include diabetes, heart disease or lung disease.

Some complications can be serious and can even cause death.

You should ask your doctor if there is anything you do not understand.

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

General complications of any operation

- Bleeding during or after the operation.

- Infection of the surgical site (wound) (risk: 1 in 100). It is usually safe to shower after 2 days but you should check with the healthcare team. Keep your wound dry and covered. Let the healthcare team know if you get a high temperature, notice pus in your wound, or if your wound becomes red, sore or painful. An infection usually settles with antibiotics but you may need special dressings and your wound may take some time to heal. In some cases another operation might be needed. Do not take antibiotics unless you are told you need them.
- Allergic reaction to the equipment, materials or medication. The healthcare team are trained to detect and treat any reactions that might happen. Let your doctor know if you have any allergies or if you have reacted to any medication, tests or dressings in the past.
- Chest infection. Your risk will be lower if you have stopped smoking and you are free of Covid-19 (coronavirus) symptoms for at least 7 weeks before the operation.

Specific complications of this operation

- Bleeding into your shoulder (risk: 1 in 100). This causes swelling and pain. You may need an operation to wash out your shoulder.
- Restricted shoulder movement (frozen shoulder) (risk: 1 in 50). Treatment for a frozen shoulder may involve physiotherapy, medication and injections.
- Infection in your shoulder (risk: less than 1 in 100). You will need antibiotics and sometimes an operation to clean out your shoulder.
- Infection of the bone caused by an infection around a screw or plate (risk: 1 in 100). You will need a course of antibiotics or another operation.
- Blood clot (thrombosis) in the axillary vein, which is just under your shoulder joint (risk: less than 1 in 100). You will get a swollen arm and will need further treatment.
- Severe pain, stiffness and loss of use of your arm and hand (complex regional pain syndrome - CRPS). The cause is not known. You may need further treatment including painkillers and physiotherapy. Your arm and

hand can take months or years to improve. Sometimes there is permanent pain and stiffness. You may be able to reduce this risk by taking a vitamin C tablet each day for 6 weeks after the operation. Your doctor will be able to discuss this with you.

- Damage to nerves around your shoulder, leading to weakness, numbness or pain in your shoulder or arm (risk: less than 1 in 100). This usually gets better but may be permanent.
- The bones move out of position or fail to heal. You may need another operation to fix the bones in a good position again (risk: 1 in 100).

Consequences of this procedure

- Pain. The healthcare team will give you medication to control the pain and it is important that you take it as you are told so you can move about as advised.
- Unsightly scarring of your skin. The risk is higher if you have open surgery because the cut is larger and is at the front of your shoulder. It usually heals to a neat scar.

How soon will I recover?

In hospital

After the operation you will be transferred to the recovery area and then to the ward.

You will need to keep your arm in a sling. Your surgeon or the physiotherapist will tell you how long you need to keep your arm supported.

You should be able to go home the same day. However, your doctor may recommend that you stay a little longer.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

Returning to normal activities

If you had sedation or a general anaesthetic and you go home the same day:

- A responsible adult should take you home in a car or taxi and stay with you for at least 24 hours.

- Be near a telephone in case of an emergency.
- Do not drive, operate machinery or do any potentially dangerous activities (this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination.
- Do not sign legal documents or drink alcohol for at least 24 hours.

Keep your wound dry for 4 to 5 days, and use a waterproof dressing when you have a bath or shower. Any stitches or clips are usually removed after 1 to 2 weeks. You may need to have an x-ray to check that the fracture is healing properly.

The physiotherapist may give you exercises and advice to help you to recover from the operation. Follow any instructions carefully to improve the chance of getting strength and movement back in your arm.

The healthcare team will tell you when you can return to normal activities. Do not play contact sports or lift anything heavy until they have advised you that it is safe. It can take up to a year to get back enough strength in your arm to return to normal activities.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Do not drive a car or ride a bike until you can control your vehicle, including in an emergency, and always check your insurance policy and with the healthcare team.

The future

Most people make a good recovery but it takes time for pain to lessen and movement to increase.

You may not get back the same strength that you had before you damaged your clavicle.

Summary

For some types of clavicle fracture, an operation is the best way to make sure the bones heal in a good position.

Surgery is usually safe and effective but complications can happen. You need to know

about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Acknowledgements

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Illustrator

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