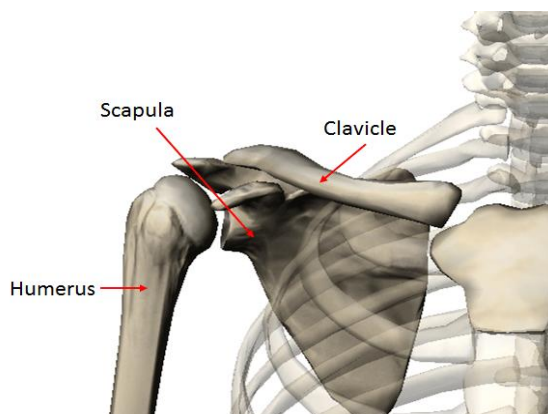


Proximal humerus fractures

Information leaflet for patients, relatives and carers

What is a proximal humerus fracture?

Your shoulder is made up of three bones, the clavicle (collarbone), the scapula (shoulder blade) and the humerus (upper arm bone).



A proximal humerus fracture occurs at the upper part of your humerus bone.



Who can it affect?

1. Older people who fall or trip on to their arm or shoulder
2. Younger people who have a higher energy injury.

Why did it happen?

The proximal humerus is one of the most commonly broken bones in older people, due to bones being weaker in this population and it can break in multiple pieces.

For children and younger adults, a higher energy injury (like a motor vehicle accident, fall from height and sporting injury) is needed to break the proximal humerus.

Because of the different forces from an injury and the many muscles that attach around the shoulder, it can break in many different ways.

What are the signs and symptoms?

Pain - Proximal humerus fractures usually hurt a lot, especially when you try to move your arm. Sometimes even just breathing can cause pain. We can treat this with a sling for support and painkillers.

Swelling and bruising - There may be a lot of swelling and bruising at your shoulder, armpit, chest and down your arm. With time, the swelling and bruising from your shoulder may travel down to your elbow, forearm, hand and even fingers due to gravity.



Decreased movement of your shoulder – the pain and swelling often restricts movement but should improve following treatment.

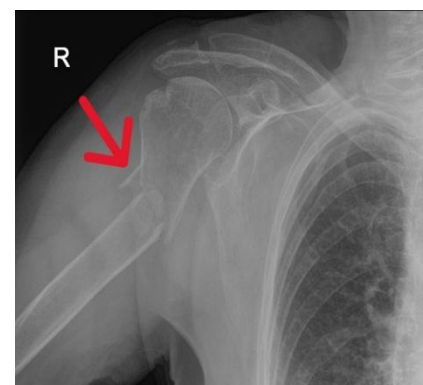
Pins and needles / numbness – in certain cases, patients can even experience differing sensations in their arm, hands or fingers.

What treatment should I expect?

Unless you have other injuries, most of the time you will be able to go home and will not be admitted to the hospital. Following a review of your x-rays in the Emergency Department (ED) / Accident & Emergency (A&E), you will likely be given a sling to support your arm (see below) and advice which should gradually help with pain and guide your recovery.

Your x-ray will be again reviewed online by a doctor in a 'virtual' clinic within a few days after your injury to determine the severity of your injury and further advice will then be forwarded to you to aid in your recovery.

Following this, we may decide to see you face-to-face in our Fracture Clinic at Outpatients C on the Princess Royal University Hospital (PRUH) site where a doctor will review you personally and even organise some more x-rays of your shoulder fracture.



If your shoulder fracture is progressing well, you may be discharged from the doctor in clinic but a physiotherapist will continue to help you for some time after. If the doctor feels they need to keep an eye on your injury, they will arrange further appropriate follow up for you in the clinic to give ongoing advice.

Most proximal humerus fractures do not need surgery but this depends on the type of injury. In some instances, surgery is required to either fix the fracture where possible or insert a shoulder replacement if fixation is thought likely to be unsuccessful. Your doctor will discuss this with you.

Sling

You will be given a collar and cuff sling to wear for at least four to six weeks. This must be worn initially 24 hours-a-day, except for when taking the arm out to wash and eventually for regular exercises of the arm (as advised by your doctor or physiotherapist).

The wrist should be held above the level of the elbow (to prevent swelling of the forearm / hand).



The following slings or adaptations of slings should not be worn for this injury.



Avoid loading through the arm

You should strictly avoid weight-bearing through the arm. This includes avoiding pushing up from a chair, leaning your elbow (eg. on an arm rest or a pillow at night) and any form of loading of the arm (eg. lifting, carrying, pushing and pulling) as all of these can make the fracture position worse.



How do I get dressed?

It is easier to use front button shirts and pull-up trousers with an elastic waistband in the first few weeks. When dressing put the injured arm into sleeves first and when undressing take the uninjured arm out first.

Sleeping

We recommend sleeping more upright than usual, using pillows to prop you up in bed or in a reclining armchair but avoiding resting the elbow on pillows / cushions (as described above). These injuries are usually very sore and you are likely to need to take painkillers, especially in the first two weeks. Take these as advised by your pharmacist or doctor.

Armpit hygiene

To wash your armpit, lean forward slightly while your arm is out of the sling so that your arm hangs slightly away from your body. You should then be able to wash and apply deodorant.

Smoking

Smoking slows down the healing of fractures and may sometimes lead to it not healing at all. For more information on how to stop smoking, please visit this website www.nhs.uk/smokefree.

When can I drive?

There is no set timescale of when you can drive and it is different for each individual. To drive you must feel in full control of the vehicle at all times and feel confident and safe to perform an emergency stop. Only you can make the decision of when to drive. You may need to inform DVLA of your injury.

When can I return to work?

You will likely need to take some time off work but the duration depends on the severity of your injury and the nature of the work. For desk or computer work you can return within a few days if able. For manual work you may require longer off work but if you can perform light duties you may be able to return sooner depending on discomfort and mobility in the arm. This can be discussed with your doctor.

When can I return to leisure activities?

This will vary dependent on the level of your symptoms (pain, range of movement and strength) in your shoulder and the type and level of sport you play. You can return to sports with guidance from your doctor and physiotherapist.

What longer-term issues should I be aware of?

Long-term issues after a proximal humerus fracture can include soreness, stiffness, reduction in movement and weakness. We can provide physiotherapy to help with this, aiming to return you back to your prior activities. However, some patients do not return back to normal and your shoulder may always feel and move differently compared to before the injury.

While most proximal humerus fractures heal, some may not heal or may heal in a position that causes discomfort or limits motion. Some people may develop arthritis and this can result in increasing pain and stiffness. These complications can occur with or without surgery. If further physiotherapy does not provide adequate improvement, surgery at a later date may be suggested and in older patients this often involves a shoulder replacement. Details can be discussed with your doctor.

MyChart

Our MyChart app and website lets you securely access parts of your health record with us, giving you more control over your care. Visit www.kch.nhs.uk/mychart to find out more.

PALS

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you. They can also pass on praise or thanks to our teams. The PALS office is in the main hospital foyer at PRUH and they would be happy to advise you.

PALS at Princess Royal University Hospital, Farnborough Common, Orpington, Kent BR6 8ND

Tel: **020 3299 4618** Email: **kings.pals@nhs.net**

If you would like the information in this leaflet in a different language or format, please contact our Interpreting and Accessible Communication Support on 020 3299 4618 or email kings.access@nhs.net