

Fractured Proximal Humerus Information for patients on initial self-care

You have been given this leaflet because the top end of your upper arm bone is broken. This is called a 'proximal humerus fracture'.

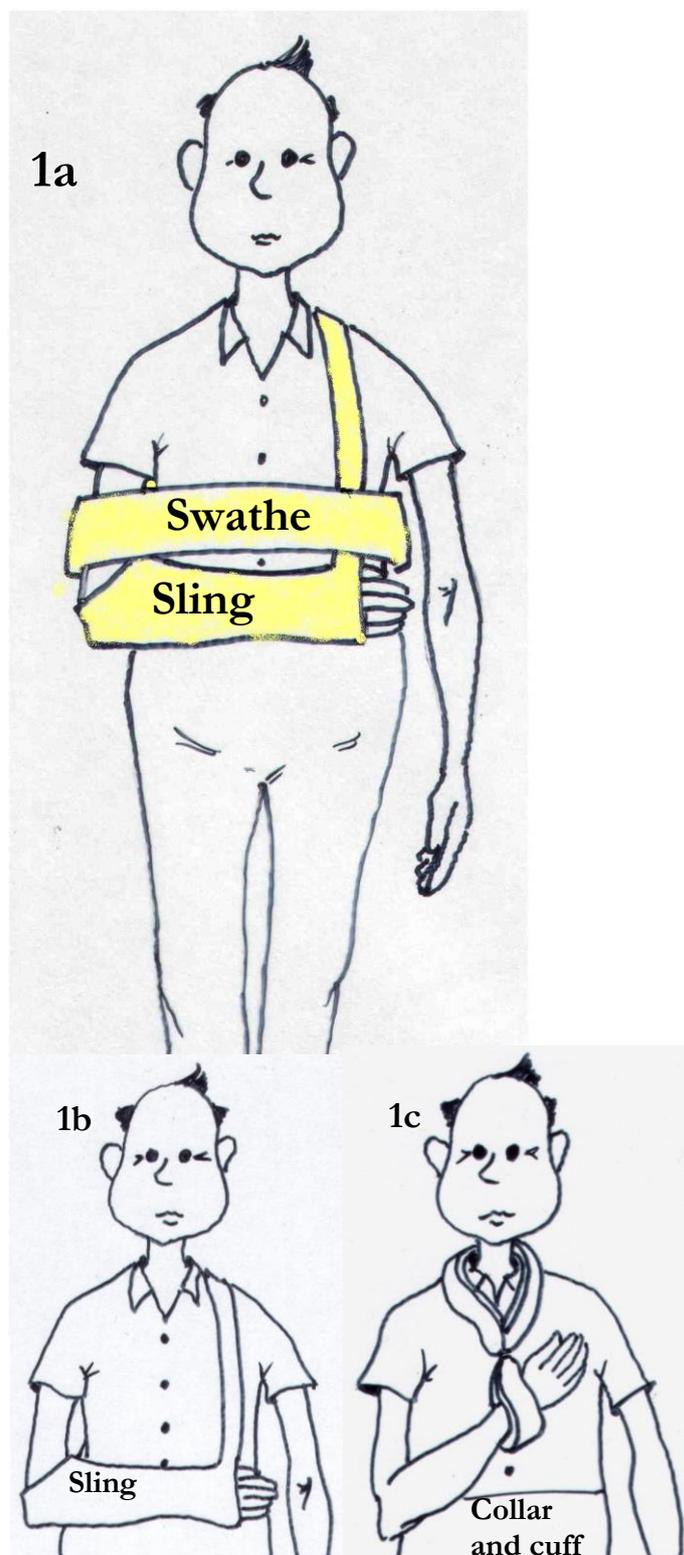
This leaflet is to remind you of the advice on self-care that you will receive from your hospital staff. Members of staff will be happy to explain any of the matters raised in this leaflet and you can also ask your family doctor (GP) for further advice when you have left hospital.

This leaflet covers the first few weeks after your injury when your arm is in a sling. People are usually advised to wear their sling for about three weeks. The sling will ease the pain and help the bone and soft tissues to heal, so it is important that you wear it both day and night. The sling should support the weight of your arm. In some hospitals, depending on the consultant's preference, the sling is secured by a 'swathe'. In others, a 'collar and cuff' is used instead of a sling. A well-positioned sling and swathe should look like diagram 1a. Diagram 1b shows a sling without a swathe, and diagram 1c shows a collar and cuff.

In the following sections we tell you things you should **DO**, including some tips on pain relief and on how you can make yourself more comfortable, things you should **NOT DO**, and things you **MUST TELL YOUR HOSPITAL STAFF OR FAMILY DOCTOR (GP) ABOUT**.

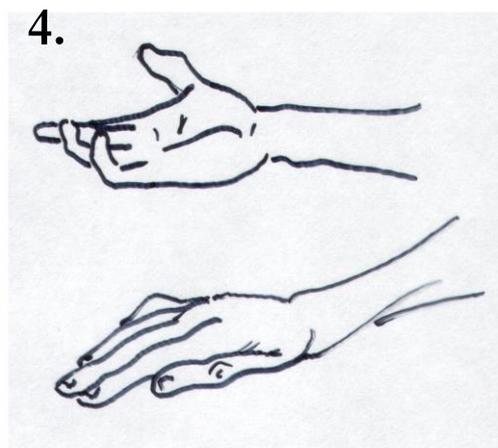
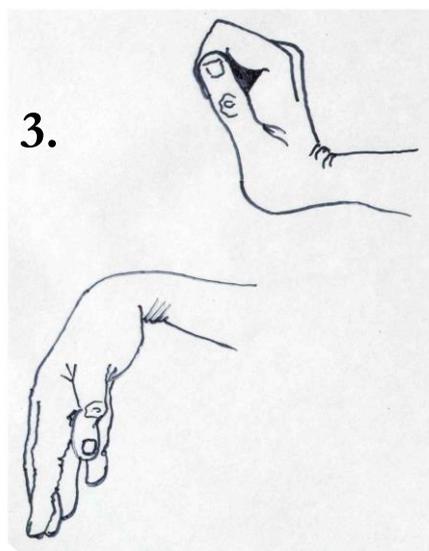
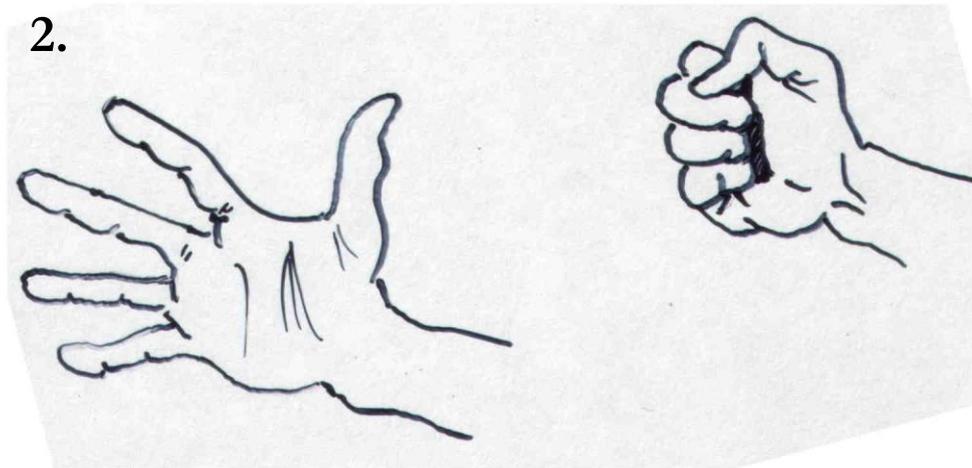
Do

- remove rings and watches from your arm as soon as possible after the injury, your hand and fingers might swell;
- make an effort to keep your wrist and fingers moving every couple of hours whilst you are wearing the sling, to prevent stiffness and to maintain your circulation. To



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do this, open and close your fingers (diagram 2), and gently move your wrist ('backwards and forwards' (diagram 3), in a circular motion. Next, turn your palm up towards the ceiling then turn down towards the floor (diagram 4).



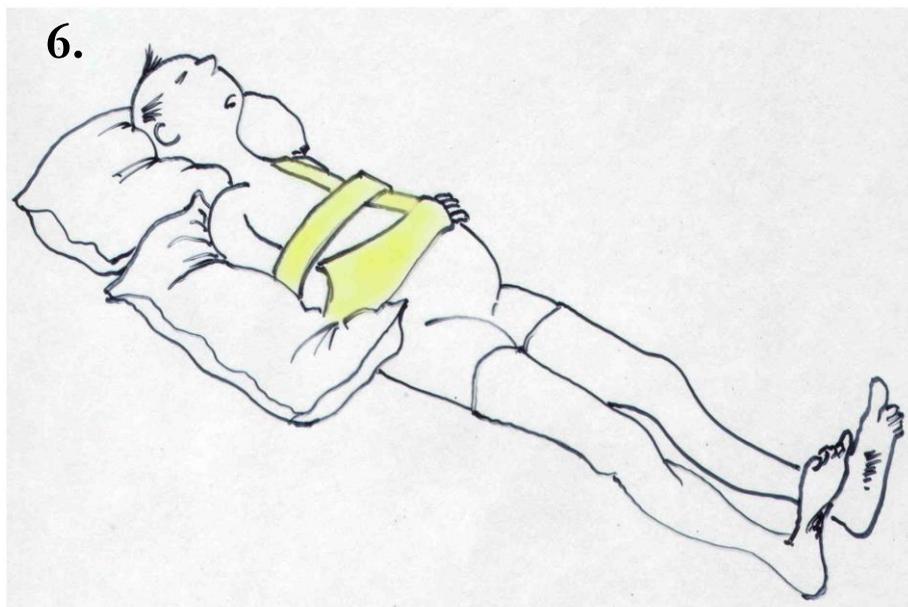
- check the sling regularly to ensure that it is not too tight;
- try to keep the sling as clean and dry as possible (you should ask for a replacement sling if yours becomes very grubby and uncomfortable);
- wear loose fitting clothing and front-fastening tops, as this will make it easier to dress and undress;
- learn to put your sling on and off by yourself, if possible;

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- wash under your armpit (diagram 5) and in your elbow creases to help prevent these areas from becoming sore;



- support the arm with extra pillows behind your shoulder and also under your elbow when sleeping (diagram 6)



(You may find that you are more comfortable sleeping in a more upright position at first, gradually lying flatter as your pain settles.)

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- discuss medication with your hospital doctor or family doctor (GP), as you may require regular pain relieving tablets until the pain subsides.
- be aware of the position of your shoulders when you are getting pain. If you feel tense, try taking a deep breath in, and then, when you breathe out, letting your shoulders relax. Being aware of your breathing may also help to reduce tension, as it is easy to hold your breath and forget to breathe correctly when you are in pain. Once you have got yourself supported with pillows in bed try closing your eyes, breathing slowly and deeply, and imagining pain and tension disappearing.

Do not

- use your arm for lifting or carry objects in your hand;
- drive (you will be advised when it will be safe for you to start driving again);
- operate machinery while wearing the sling;
- try to lie on your injured arm in bed at night (this is likely to be very uncomfortable);
- worry if you start to feel 'low', as this is something that many people experience with this type of injury. You could talk your feelings through with a friend or relative. If this does not help, you may wish to discuss any concerns with your GP.

Important:

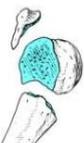
Things you must tell your doctor about

If you suffer from any of the following please contact your doctor.

- Very bad pain that seems to be getting worse.
- Loss of sensation in the arm.
- Prolonged tingling or pins and needles in the arm.
- Fingers or hand turning cold and clammy or blue

Finally

Please do not hesitate to approach staff at your hospital for further explanations or if there is anything else you wish to know that has not been covered in this leaflet.

<p>P R O F H E R</p> 	<p>PROximal Fracture of Humerus: Evaluation by Randomisation (ProFHER) Trial</p> <p><i>A multi-centre randomised controlled trial funded by NHS R&D Health Technology Assessment Programme</i></p> <p><i>(International Standardised Randomised Controlled Trial Number 50850043)</i></p>
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