

**Mark S. Sanders MD FACS**

**Presurgical Information for clavicular and AC Joint fractures**

**Page one of two**

All surgery carries risks. This document has been compiled to educate patients on the risks/complications of **clavicular osteosynthesis**. At the Sanders Clinic we recognize these risks and take preemptive action to minimize their occurrence. **THE MOST IMPORTANT RISK FACTOR FOR POST OPERATIVE COMPLICATIONS IS ENTIRELY UNDER THE PATIENT'S CONTROL. THESE PROCEDURES CAN NOT BE SUCESSFULLY DONE ON THOSE THAT CONTINUE TO USE TOBACCO OF ANY FORM.**

1. **Nerve or Vessel injury.** These are uncommon complications. Avoidance of these problems is best accomplished by careful surgical technique. Immediate recognition and repair of an injured structure in indicated in such cases. Sometimes temporary interruptions of nerve function occurs secondary to swelling around the nerve which may occur when the collarbone is lengthened. The vast majority of these will resolved with the passage of time.
2. **Thrombosis/embolism.** These complications can occur when a bone graft is harvested from the lower extremity. They are low frequency and are best avoided. Continuous use of compression stocking is our routine. Certain patients with greater risk will be placed on blood thinning medication. All patients must discontinue the use of tobacco and all patients must be up walking no later than the day after their procedure.
3. **Disturbed wound healing.** This problem is preemptively dealt with by assuring that patients are on a high protein diet with adequate caloric intake. In the absence of positive evidence we had abandoned the used of platelet rich plasma. Avoiding certain anticoagulants in the early period leads to less accumulation of blood in the wound.
4. **Early or late infection.** This is a very serious event can occur in less than 1% of patients when antibiotics are given before surgery. The incidence is further reduced by preoperatively culturing the noses of patients looking for Staphylococcus bacteria. Those patients who harbor these bacteria can be treated with nasal antibiotic ointment and a different preoperative antibiotic. Furthermore, regular care of the surgical wound by showering with Hibiclens soap, and then placement of Triple Antibiotic ointment will keep the wound from being colonized. Treatment of a deep infection involves surgical removal of the prosthesis, replacement of the prosthesis with a temporary spacer, intravenous antibiotics for no less than six weeks, and then replacement of new total hip prosthesis. Patients with hip prostheses must inform all their physicians before invasive medical or dental procedures are performed such that those practitioners can prescribe an appropriate antibiotic in advance of that procedure.

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Patient Initials

**Mark S. Sanders MD FACS**  
**Presurgical Information for clavicular and AC Joint fractures**  
**Page two of two**

5. **Hematoma.** This is blood that accumulates in the wound and may require a return trip to the operating room for evacuation. We strive to prevent this problem by taking down the tourniquet to electrocoagulate the small bleeding vessels in all surgeries, use of Platelet Rich Plasma to jump start the coagulation and healing process, and an adequate cold/compression dressing. This device is called the Cryocuff\* and is a mandatory part of the process.
  
6. **Need for later plate and screw removal.** Approximately 15% of our patients, particularly the slender ones can feel the plate under the skin, and it sometimes becomes problematic when carrying a knapsack. In these cases, an out patient procedure is done to remove the plate. After a few weeks, patients may resume athletic activities. Refracture after plate removal can occur in the immediate post operative period if the patient immediately returns to high risk activities
  
7. **Medical Complications.** Surgery always carries risk of complications remote to the operated part. At the Sanders clinic, we do not regularly do hip replacements on young people. Older people may have heart, circulatory, pulmonary, kidney, arterial, venous, and diabetic problems. Our total hip replacement patients typically are seen before surgery by an internal medicine doctor; undergo vascular tests read by a vascular surgeon, and frequently by a cardiologist also. Spinal anesthesia reduces the incidence of medical complications, but despite our best efforts, they still occur.

I have read this document and have had my questions answered by Dr. Sanders or his staff. I agree to completely avoid any and all tobacco products from this day forward.

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Patient signature

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Date

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Witness