ROBERT PETTIT, MD

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(513) 354-3700

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SHOULDER · PREPARING FOR SURGERY

Preparing for Your Clavicle Fracture Surgery (ORIF)

A Guide to Your Surgery

PROCEDURE	SETTING	ANESTHESIA	RECOVERY
Knee surgery	Typically outpatient — most patients go home the same day	General or regional — reviewed with anesthesia	Personalized week-by-week protocol

Cartilage defect on the femur — surgery stimulates a healing scar-cartilage patch over the damaged area.

01 A MESSAGE FROM DR. PETTIT

Thank you for the opportunity to take part in your care. Our number one goal, along with our team at Beacon Orthopaedics and Sports Medicine, is to improve your quality of life through our knowledge, skill, experience, and — most importantly — compassionate care. Clavicle Fracture Surgery (ORIF) is a highly effective procedure, but we recognize that surgery can be stressful, and we hope to make this process as smooth as possible.

This guide is a resource to help you and your loved ones understand your upcoming surgery, prepare for the day of surgery, and know what to expect during your recovery. Please keep it with you up to your date of surgery and beyond. Our team is always here to answer your questions — please do not hesitate to contact us about anything.

Sincerely,
Robert J. Pettit, MD

02 ABOUT YOUR CLAVICLE FRACTURE SURGERY (ORIF)

Clavicle ORIF (open reduction and internal fixation) realigns a broken collarbone and holds it with a low-profile plate and screws so it heals in the correct position and length.

The surgery takes about an hour, usually as an outpatient, through an incision along the collarbone.

03 IS THIS THE RIGHT PROCEDURE FOR YOU?

Surgery is recommended for fractures that are significantly displaced or shortened, tenting the skin, involving multiple fragments, or in active patients where reliable healing and faster return matter — nonoperative care remains right for many well-aligned fractures, and we will have reviewed both paths with you.

04 RISKS TO UNDERSTAND

Serious complications are uncommon, and we take specific steps to prevent each of these — but you should know them:

- Infection (1–2%; the bone is close under the skin)
- Numbness below the incision from small skin nerves — common, usually shrinks over months
- Hardware prominence — the plate can be felt under the skin and is removed later in roughly 10–20% of patients once healed
- Nonunion or delayed healing (uncommon with fixation; smoking is the biggest modifiable risk)
- Injury to structures beneath the clavicle (rare, protected during surgery)
- Blood clots and anesthesia risks

05 IN THE WEEKS BEFORE SURGERY

— Complete your pre-operative clearance. Depending on your age and health, you may need lab work, an EKG, or a visit with your primary care doctor or cardiologist. Our surgery scheduler will tell you exactly what is required

— Review your medications with us. Blood thinners (such as warfarin, Eliquis, Xarelto, Plavix, or aspirin) and certain supplements may need to be stopped before surgery

— but never stop a prescribed medication without instruction from the prescribing doctor

— Stop nicotine. Smoking and vaping slow healing. Stopping even a few weeks before surgery improves your recovery

— this is especially important for tendon, ligament, cartilage, and bone healing

— Arrange a ride and a helper. You cannot drive yourself home after anesthesia. Plan for a responsible adult to drive you and to stay with you the first night

— Prepare your home. Set up a comfortable recovery area with everything within reach, clear tripping hazards and loose rugs, and stock easy meals. If you will use crutches, a walker, a sling, or a brace, practice with it ahead of time

— Fill prescriptions early. If Dr. Pettit sends pain medication or other prescriptions before surgery, fill them ahead of time so they are ready when you get home.

— Stop NSAIDs and blood thinners as directed

— Arrange a ride home and help for the first few days

— Follow fasting instructions before surgery

06 THE DAY OF SURGERY

Sandy Evans, our surgery scheduler, will give you your exact arrival time and location, and will tell you when to stop eating and drinking — generally nothing to eat or drink after midnight the night before, unless you are told otherwise. Take only the medications we tell you to take, with a small sip of water. Leave jewelry and valuables at home, wear loose, comfortable clothing, and bring your photo ID, insurance card, and this guide. Most of our procedures are outpatient, meaning you go home the same day. You will meet the anesthesia team before your procedure to review your anesthesia plan and answer any questions.

07 WHAT TO EXPECT AFTER SURGERY

You will go home the same day in a sling.

- Gentle pendulum and elbow/wrist motion begin immediately; shoulder motion advances per protocol.
- Most patients are out of the sling by 2–4 weeks and X-rays confirm healing over 6–12 weeks.
- No lifting through the arm until healing is confirmed — the plate holds position, the bone still has to knit.

08 POST-OP QUICK REFERENCE

- **Weight-bearing / arm use:** No lifting, pushing, or pulling more than a coffee cup with the surgical arm until cleared.
- **Brace / sling:** Sling 2–4 weeks, weaning as comfort allows.
- **Physical therapy:** Motion early, strengthening after healing evidence (~6 weeks). Protocol: robertpettitmd.com/protocols/orif-clavicle.html
- **Driving:** When out of the sling and off opioids — typically 2–3 weeks.
- **Work:** Desk work within a week; overhead/heavy labor typically 8–12 weeks.
- **Follow-up:** Wound check 10–14 days with X-rays; repeat imaging until united.

09 COMMON QUESTIONS

Will I feel the plate?
Many patients can — the collarbone has little padding. If it bothers you (straps, seatbelts), the plate can be removed after the bone is fully healed, usually no sooner than 6–12 months.

When can I return to contact sports?
After clinical and X-ray healing plus recovered strength — commonly around 3 months, individualized.

Does the numb patch go away?
It usually shrinks substantially over 6–12 months; a small area below the scar can persist and is harmless.

10 QUESTIONS & SCHEDULING

Once you and Dr. Pettit decide on surgery, **Sandy Evans**, our surgery scheduler, will handle your surgery date, insurance authorization, pre-operative clearances, and exact arrival instructions. **Maria Dodd, PA-C** helps manage your recovery — medications, imaging, and questions — throughout.

Surgery scheduling & direct office line: (513) 441-5639 · Main office: (513) 354-3700

SCAN FOR THE LATEST VERSION ONLINE

robertpettitmd.com/handouts/prepare/clavicle-orif.pdf

This guide is for general patient education and does not replace personalized medical advice. Always follow the specific instructions given by Dr. Pettit and your care team.

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