

Distal Humerus Fracture Fixation — Pre-Operative Patient Guide

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Distal Humerus Fracture (Elbow Fracture) — Open Reduction and Internal Fixation (ORIF)

Your Condition & Procedure

The condition

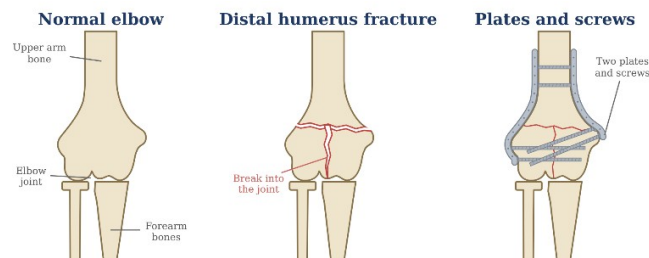
The **distal humerus** is the lower end of the upper arm bone, which forms the top of the elbow joint. A fracture here, often from a fall onto the elbow, frequently breaks into the joint surface. It causes pain, swelling, and loss of elbow motion; without surgery, the elbow often heals stiff or out of line.

The surgery

Through an incision at the back of the elbow, the joint surface and bone are put back together and held with plates and screws. To reach the joint, the tip of the elbow (**olecranon**) may be cut and later fixed, or the triceps moved aside and repaired. The ulnar nerve is protected and sometimes moved forward. The final plan is determined during surgery.

Risks & benefits

Benefits: Restoring the joint gives the best chance of a stable, functional elbow. **Risks** are uncommon and include infection, blood clots, elbow stiffness (the most common problem), ulnar nerve irritation (numbness or tingling in the ring and small fingers), extra bone forming around the elbow, the bone healing slowly or not at all, hardware irritation that may require removal, injury to nearby structures (such as nerves, blood vessels, or cartilage), stiffness, persistent pain, and the need for further surgery. These will be reviewed with you in detail before surgery.



Distal humerus fracture and plate fixation (illustration)

Before Surgery

- **Medications:** We will tell you what to stop and when (e.g., blood thinners, anti-inflammatories, some supplements, weight-loss injections).
- **Fasting:** Follow the instructions from your surgery coordinator/facility. In general, you should have nothing to eat or drink starting at midnight the night before surgery.
- **Nicotine:** Stop all nicotine products—they slow healing.
- **Equipment:** A splint is placed at surgery; a sling follows.
- **Physical therapy:** Schedule your first visit for within about a week after surgery—early elbow motion is key.
- **Home:** Plan for a helper and one-handed tasks at first.
- **Medical history:** Let us know if you or anyone in your family has a history of blood clot disorders or a malignant hyperthermia reaction to anesthesia.
- **Health:** Call us if you develop a fever, illness, or skin problem near the elbow.

Day of Surgery

- If instructed, take blood pressure/heart medications with a small sip of water.
- Arrive at the time given by your surgery coordinator.
- Bring your medication list, insurance card, photo ID, and sling if you have them.
- Wear a loose, button-front shirt; leave jewelry and valuables at home.
- A responsible adult must drive you home. You may **not** drive yourself.

Immediately After Surgery

- You will recover in the recovery area; many patients go home the same day, and some stay overnight.
- Your surgeon will discuss the procedure with you and your support person.
- Your care team will review wound care, restrictions, medications, follow-up, and warning signs before discharge.

Milestone	What to Expect After Surgery (General Timeline)
Splint & sling	Splint until the first visit (7-10 days), then a sling for comfort. A night splint may be added if straightening lags.
Daily life	Desk work often within 1–2 weeks. Lift only 1 lb, with no pushing up or leaning on the arm, for 6 weeks. No driving while taking narcotic pain medication.
Motion & lifting	Elbow motion starts once the splint is off; goal is a functional arc (30° to 130°) by 6 weeks. Lifting up to 5 lb from 6 weeks; weight through the arm from 10 weeks.
Activity	Full release typically 4–6 months. Motion keeps improving for up to 6 months.
► Please note: This is a general guide only. Detailed post-operative instructions will be provided on the day of surgery, and your restrictions and timeline may change based on the findings and procedures performed.	

Learn More

We **strongly recommend** reading these pages from the American Academy of Orthopaedic Surgeons (OrthoInfo) before your surgery:

- **Your condition: Distal Humerus Fractures of the Elbow** — <https://orthoinfo.org/en/diseases--conditions/distal-humerus-fractures-of-the-elbow/>
- **Your procedure: Internal Fixation for Fractures** — <https://orthoinfo.org/en/treatment/internal-fixation-for-fractures/>

Video: You may find a video demonstrating an example (not the exact technique) of your surgery at <https://patient.orthopedica.com/student/activity/3490089-arm-bone-fractures-distal-humerus-fractures>

Questions before surgery? Call our office at (972) 378-1438. For a medical emergency, call 911.