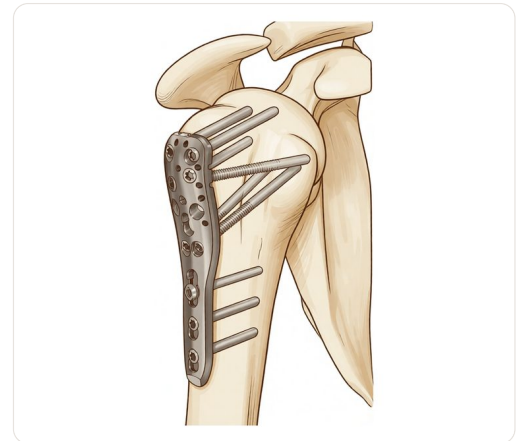


Proximal Humerus Fracture ORIF (Plate and Nail Fixation)



A fracture of the upper end of the arm bone, near the shoulder.

Kieran Hirpara © ⓘ 4.0

At-a-glance recovery. Pooled from 45 published studies — your own pace will vary.

LIGHT DUTIES desk work, driving, daily tasks	MOST EVERYDAY ACTIVITIES manual work, sport, gym	FINAL OUTCOME PLATEAU pain and strength
4-6 weeks	3-6 months	12 months
People with office jobs went back to work about four to six weeks after plate fixation.	People in physically demanding jobs went back to full duties about four months after surgery on average, and almost all workers were back by six months.	Shoulder function improves most in the first year, with little further change after that.

Why this operation has been suggested

Dr Kieran Hirpara, an upper-limb surgeon at Mater Private Hospital Rockhampton, matches the treatment to your specific injury. Patients are generally referred to our clinic by their GP; if a physiotherapist has suggested you see us, you will still need a referral from your GP in order to be eligible for the Medicare rebate. At your first visit we take a history, examine your shoulder, and arrange imaging if it is needed to work out what is wrong.

This operation is called open reduction and internal fixation. It means the broken bone at the top of your arm is moved back into place and held there, usually with a metal plate and screws, or sometimes with a rod inside the bone. We usually suggest it when the break is badly out of place, or when the bone has broken into several pieces, because those breaks rarely stay put on their own. Many shoulder breaks heal without surgery, so we always weigh up both paths with you. For some people, especially those who are otherwise fit and healthy,

surgery gives a better chance of keeping the shoulder moving and working well. The aim is simple: a shoulder that is steady, less painful, and able to do what you need it to do.

Before the operation

Once surgery is planned, we will organise the scans needed to map out the break. This usually means X-rays taken from more than one angle, and sometimes a CT scan, which builds a detailed picture of the bone. An MRI scan or an ultrasound may be used if we need a closer look at the soft tissues around the joint, such as the tendons. Most people need no other tests. If you have other medical conditions, you may need blood tests or a review with the anaesthetist, the doctor who looks after you during the operation. In the days before surgery, we will tell you which medicines to pause, and which to keep taking. You will need to stop eating and drinking for seven hours beforehand. We ask for seven hours rather than a shorter time so we can bring your operation forward if the theatre list runs early. Arrange for someone to drive you home afterwards, as you will not be able to drive yourself. Bring a list of your current medicines, and wear loose, comfortable clothing that is easy to change out of.

On the day

You will arrive at the hospital's surgical admissions unit, where you are checked in and prepared for theatre. You will meet the anaesthetist there. This operation is done under general anaesthetic combined with a regional nerve block. The anaesthetist will meet you before the operation and talk you through both parts.

You are then taken into the operating theatre, where the operation is performed. Afterwards, you will wake up in the recovery area, where nurses monitor you while the anaesthetic wears off. Once you are stable, you go to the ward.

What the operation involves

The operation is called open reduction and internal fixation. Open means your surgeon makes one cut over the area being operated on to reach the broken bone. Reduction means moving the broken pieces back into their normal position. Internal fixation means holding them there with metal.

Most often your surgeon uses a plate screwed onto the bone; sometimes a rod placed down inside the hollow middle of the arm bone is used instead. Both hold the break steady while it heals. The choice depends on the shape of your break and the quality of your bone. Sometimes a longer plate is used if the break runs further down the arm bone. If the bone is thin, your surgeon may add extra supports to keep the repair solid.

Once the bone is lined up and held firmly, the wound is closed with stitches. A dressing goes over the top, and you keep that dressing on for about 10 days.

After the operation

Most patients stay one or two nights in hospital after this operation. You will wake up in the recovery area, then move to the ward. Nurses will check on you regularly and give you medicine to keep you comfortable. Your arm will rest in a simple sling, which comes off for exercises and washing. A nurse will show you how to move around safely before you go home. Someone should stay with you for the first 24 hours after you get home. We leave the dressing on for about 10 days; please do not take it off before then unless we tell you to. We change or remove it when we see you.

Recovery

Expect some pain and swelling in the first days and weeks. This is a normal part of healing and usually settles as the bone knits. Rest, ice packs, and the pain medicine prescribed for you will help ease the discomfort. Keep your hand, wrist, and elbow moving early, as your physiotherapist will show you.

Your arm rests in a simple sling for comfort. It comes off for your exercises and for washing. Your physiotherapist will guide you through gentle movements at first, then build up to stronger exercises as the break heals. Around the house, you can walk, cook simple meals, and manage light tasks with your other hand. Avoid lifting anything heavy with the sore arm, and do not put weight through it until you are told it is safe.

Sleep can be uncomfortable at first. Many people find it easier to rest propped up in a chair or with extra pillows.

Milestones come as events, not dates. Once the swelling settles, movement usually feels easier. When your surgeon is happy with how the bone is healing, the sling comes off for good. You can drive again once your surgeon clears you, typically at the six-week review; see our guide on [driving after upper-limb surgery](#). As strength returns, you will start reaching overhead and doing more with the arm.

Recovery varies from person to person. Your timeline may differ, and your surgeon and physiotherapist will guide you along the way.

What can go wrong

Most patients do well, but problems can occasionally happen. Your surgeon and the team monitor you closely to spot any issue early.

Sometimes the bone does not knit together as it should. You might notice ongoing pain at the break site, or a feeling that the arm is not getting stronger over time. Tell us at your next review if the pain is not settling.

The blood supply to the ball of the shoulder joint can sometimes be affected by the injury. If that happens, the joint may become painful and stiff months later, and movement may not improve as expected. Bring this up at your review so we can arrange scans.

The metal holding the bone can shift or loosen. You might feel a new click, a grinding sensation, or pain that returns after a good stretch of improvement. Some people feel a screw or plate near the skin. If any of this happens, contact the clinic. Sometimes a small operation is needed to remove or adjust the metal.

The tendons around the shoulder can become irritated. You may notice pain when lifting your arm, or catching at certain angles. Mention it at your review.

The shoulder can become stiff and tight. Simple movements like reaching behind you may become hard. Early exercises help prevent this, so keep up your physiotherapy and tell your physiotherapist if movement is not improving.

Wound problems can occur. Watch for redness spreading out from the wound, fluid leaking, or a deep, throbbing pain that does not ease with simple painkillers. These signs need a call to the clinic straight away. A small collection of blood under the wound can also cause swelling; let us know if it appears.

Nerves near the arm can be bruised during surgery. You might notice numbness, tingling, or weakness in the wrist or hand that was not there before. Report this promptly.

Blood clots can form after shoulder surgery. Sudden swelling and tenderness in the calf, or shortness of breath, means going to the emergency department.

The complications table on this page lists typical rates if you want the specifics.

When to call us

Call us straight away if you have a fever, or if the skin around your wound becomes more red, swollen, or starts leaking fluid. Go to emergency if you have sudden severe pain, sudden swelling and tenderness in your calf, or shortness of breath. These can be signs of a blood clot. Call us if your hand or arm goes numb, feels cold, or you cannot move it. New numbness or tingling in the wrist or hand also needs a prompt call. If you are unsure, ring the clinic and we will guide you.

Where to read more about the condition

This page is about the operation itself. The condition it treats, including what the evidence shows about when surgery helps and when it does not, is covered in more detail on the [Proximal Humerus Fracture](#) page.

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Complication rates from published literature

Pooled from 45 published studies. These are population-level rates, not your individual risk — your surgeon will discuss what applies to you.

COMPLICATION	REPORTED RATE	NOTES
Any complication	24%	About one in four people had some complication after plate fixation in a 2026 meta-analysis of displaced fractures.
Plate removal	23%	The plate was removed in 17 of 72 working-age patients, mostly for impingement or at the patient's request.
Fracture slipping out of position	4-16%	The fracture settling or tilting before it heals: 16.3% in an older systematic review of locking plates and 4.3% in a 2026 meta-analysis.
Further operation	14%	A further operation was needed in 13.8% in a systematic review of locking plate fixation.
Avascular necrosis	5-11%	Loss of blood supply to the head of the humerus: 10.8% in an older systematic review and 4.8% in a 2026 meta-analysis.
Screw tip into the joint	7.5%	A screw breaking through into the joint, often as the head of the humerus settles; 7.5% in a systematic review of locking plates.
Infection	4%	Infection in about 4% in a systematic review of locking plate fixation.
Stiffness	2.7%	Stiffness or frozen shoulder after plate fixation in a 2026 meta-analysis.

I have read this information and have had the opportunity to ask Dr Hirpara questions about the procedure, its expected recovery, and the complications listed above.

_____	_____	_____
PATIENT – PRINT NAME	SIGNATURE	DATE