

Clavicle Fracture Surgical Intramedullary Fixation

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The Injury

General Considerations:

Mid-shaft clavicle (collarbone) fractures occur most commonly from fall onto the shoulder. We see the most from bicycling, skiing, ATV and skateboarding falls. Clavicle fractures present a unique challenge to self-healing because the shoulder cannot be placed in a cast during the healing process. The clavicle is directly under the skin with no overlying fat, making a fracture cosmetically apparent, and moreover, they hurt.

Surgical fixation of the clavicle is being recommended more frequently order to promote healing. Recent studies indicate long-term shoulder weakness and mal-union from fractures with an overlap or a distraction of more than one centimeter when left untreated. A new intramedullary fixation technique has permitted normal alignment and restoration of length of the clavicle with an early return to work and sports. The risks surgery, including non-union and infection, are still present; however, for athletes who want to return to full sports as early as possible, and for people who are concerned about optimal anatomic alignment and healing, this technique has served these patients well. The indications of surgical technique program are described here.

Surgical Treatments- Indications

- Mid-shaft clavicle fractures with overlap or displacement greater than 1 centimeter.
- Tenting of skin by fracture fragments.
- Active patient with desire for early return to work and healing with no loss of length or strength.