



Distal radius fracture/Open reduction internal fixation: aftercare advice

Information for patients from the Hand Therapy Service

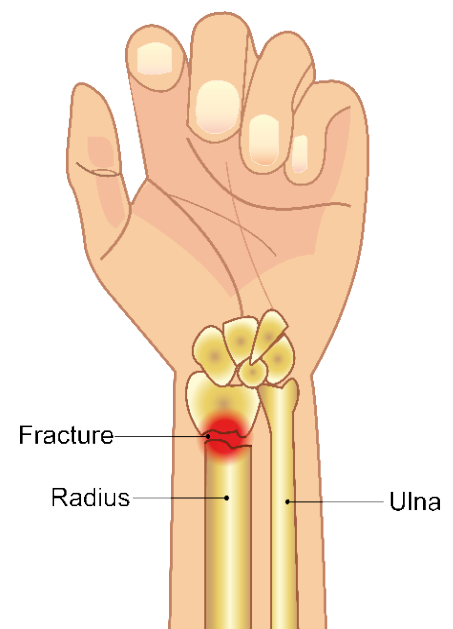
This leaflet provides information for you following your treatment for a distal radius fracture. The information covers the time you are in a cast and when your cast is removed. As well as this leaflet, please also follow any instructions given to you by your consultant or therapist.

What is a distal radius fracture?

A distal radius fracture is when an area of the radius (the larger of the two forearm bones) near the wrist joint breaks (fractures) (see diagram). In some cases, there may also be a fracture of the ulna, which is a break in the other forearm bone.

How long will it take for my fracture to heal?

It usually takes around six to eight weeks for a fracture to heal.



What treatment will I have had in hospital?

Treatment will vary depending on whether you need surgical or non-surgical treatment and whether you have any pre-existing medical conditions. The best course of treatment will be decided by your consultant and discussed with you.

- **Non-surgical treatment.** If your bone is in a good position following your fracture, then you will be put in a plaster cast. This will include your wrist, hand, and forearm but leave your fingers and thumb free to move. The team may need to realign your bone before we put you in a cast, this is called reduction. This is where your bones are moved back into place using a local anaesthetic (the area will be numbed), after which you will be placed in a cast. Some minor fractures may be treated with a splint rather than a cast.
- **Surgical treatment.** Surgery would be needed if your bone is too far out of place or cannot be corrected with reduction (see above). There are different surgical options, which may involve using metal pins or plate/screws to hold your bones in place. Your consultant will discuss with you which of these is most appropriate for your fracture. After surgery you will then be put in a plaster cast, to protect the repair.

In some cases, you will be placed in a temporary cast which will be replaced as your swelling goes down. The plaster room should tell you if this is the case, when your cast is fitted.

Exercises to complete whilst in your cast

Whilst you are in your cast it is important to keep your uninjured joints moving, to keep your range of movement and help remove swelling from your arm. You should complete all of the exercises below.

The exercises may cause some aching and discomfort. We advise that if you experience any sharp or prolonged pain you should stop the exercises and ask for advice. Alternatively, you can reduce the range and speed of the movement to reduce the pull on soft tissue structures. The best option is to ask for advice if you have any concerns. Please contact one of the numbers at the end of this leaflet, if you need advice.

Aim to do five to 10 of each exercise, every two to three hours throughout the day, unless advised otherwise by a healthcare professional.

1. Touch the back of your head with your injured arm.



2. Lift your arm straight up above your head towards the ceiling.



3. Bend and straighten your elbow, aiming to completely straighten it and then bend it and try to touch your fingertips to your shoulder.



4. Move your thumb around in circles – clockwise and anticlockwise. Try to make the circles as big as is comfortable.



5. Touch your thumb to the tip of each finger.



6. Aim to move your fingers into the positions in the diagrams below. Please note, each exercise is shown from the side and the front.



Position 1

Position 2

Position 3

Position 4

Position 5

To start with you may find it difficult to complete these exercises due to pain and swelling but aim to get as close to these positions as you can. If your cast gets in the way when doing any of these movements or it feels too tight, then please contact the Fracture Clinic for advice (the contact details are at the end of this leaflet).

What medications can I take after my fracture?

Use pain medications as advised by your doctor/nurse following your fracture.

There is also evidence that suggests that taking Vitamin C after a distal radius fracture can help. It is thought that Vitamin C can help with bone healing and prevent another condition called Complex Regional Pain Syndrome from developing. The recommended dose of Vitamin C is 500mg a day. You should speak to your doctor or pharmacist before taking Vitamin C if you are taking any other medications or have any health conditions.

What do I need to know when I get home?

- Use your sling for the first few days following your fracture or as instructed by your doctor/nurse. Otherwise try to keep your arm elevated (raised above heart level) as often as possible and complete the exercises on the previous page, to prevent stiffness in your unaffected joints.
- Keep your cast dry. You can shower or bath, however you need to use a shower sleeve to prevent your cast from becoming wet. Please ask a member of staff for more information on where to buy shower sleeves from.
- If you are a smoker, then stop smoking while your fracture heals. This will ensure the best recovery from your injury.
- Please contact the Fracture Clinic staff if:
 - your cast becomes too tight
 - your cast becomes broken, soft, dented, or loose; or
 - you have any continuing burning, soreness, or rubbing under your cast.

What can I do with my hand?

You should use your injured hand for light jobs, such as holding a pen or fork, and avoid lifting heavy objects. As well as these activities, you should complete your exercises regularly.

Although, you should not push through your pain while doing any of these exercises or activities, it is important to listen to your body.

How long will I have my cast for?

Casts usually stay on for six weeks; however this can vary depending on the nature and severity of your fracture. You will be told by the Fracture Clinic when your cast will be reviewed. On review, if your fracture has healed to the required standard, then it will be removed.

What happens when my cast is removed?

It can be normal for you to feel discomfort and stiffness in your wrist when your cast is removed. Your wrist may also feel weak due to the loss of muscle tone. It is normal to experience some swelling and bruising for some time after your cast is removed. You may also notice increased hair growth; which is normal.

Once your cast has been removed, you may be given a splint to support your wrist for the first one to two weeks. If so, remove it regularly to do the wrist exercises on the next page. You can also remove it when resting, if you feel comfortable to do so. Gradually over the two weeks try to reduce how much you need the splint. Your doctor may refer you for hand therapy or physiotherapy, if needed.

Once your cast is removed and pain allows, you can begin to start gently moving your wrist. You can also start to use your arm for light work, unless told otherwise by a healthcare professional.

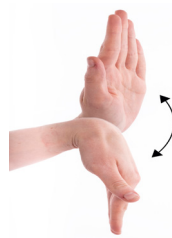
If you have had surgery to correct your fracture you will have a scar, usually on the underside of your forearm. It is important that once your cast is removed you begin to massage the scar, if your wound is fully healed. This will reduce redness and swelling, flatten your scar, and make sure it does not stick down to structures under your skin.

When massaging your scar, use a pea sized amount of water-based cream (such as E45 or Diprobase). With a moderate amount of pressure (the pressure should not be painful) massage the cream in to your skin using circular movements over the entire scar. Do this four to six times a day.

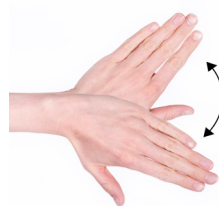
Wrist exercises to do after your cast is removed

- Complete the following exercises within your pain levels.
- Feeling aching and discomfort is normal; your wrist has probably become stiff as it has not moved freely for a while. However, if the exercises become too painful, we advise you to do the exercises more slowly and only do those exercises that are less painful.
- However, if you feel sharp or prolonged pain, you should stop the exercises and contact the Fracture Clinic for advice.
- You may not be able to achieve full movement with all these exercises. Work on these to try to improve your movement until you see your therapist if you have been referred.
- Depending on your comfort, each exercise should be repeated five to 10 times; four times a day.

1. Bend your wrist backwards and forwards.



2. Move your hand from side to side, keeping your forearm still.



3. Slowly turn your hand over palm up to palm down.



4. Spread your fingers out as far as possible and back again.



When can I return to work?

This depends on your job. You should discuss with your consultant and/or therapist when you can return to work.

When can I drive again?

You can start driving again once your cast has been removed and you feel that you are safe and in control of your vehicle. It is recommended that you let your insurance company know about your injury.

When can I exercise again?

You should wait for at least three months following your fracture before doing heavy/vigorous activities or sports.

How long will it take to fully recover from my fracture?

Recovery can take up to two years. You can expect to feel some aching and stiffness, particularly when doing more vigorous activities and during cold weather, but this should not affect your ability to use your wrist for most tasks.

What if I have any further queries or concerns?

If you have any further questions or have been referred for therapy by your consultant but have not yet heard about your appointment, then please contact the Fracture Clinic on one of the numbers below.

- Fracture Clinic, William Harvey Hospital, Ashford Telephone: 01233 61 68 49
- Fracture Clinic, Queen Elizabeth the Queen Mother Hospital, Margate Telephone: 01843 23 50 56
- Fracture Clinic, Kent and Canterbury Hospital Telephone: 01227 86 63 54

If you would like this information in **another language, audio, Braille, Easy Read, or large print** please ask a member of staff. You can ask someone to contact us on your behalf.

Any complaints, comments, concerns, or compliments please speak to your doctor or nurse, or contact the Patient Advice and Liaison Service (PALS) on 01227 78 31 45, or email ekh-tr.pals@nhs.net

Patients should not bring in large sums of money or valuables into hospital. Please note that East Kent Hospitals accepts no responsibility for the loss or damage to personal property, unless the property had been handed in to Trust staff for safe-keeping.

Further patient leaflets are available via the East Kent Hospitals web site www.ekhuft.nhs.uk/patientinformation