

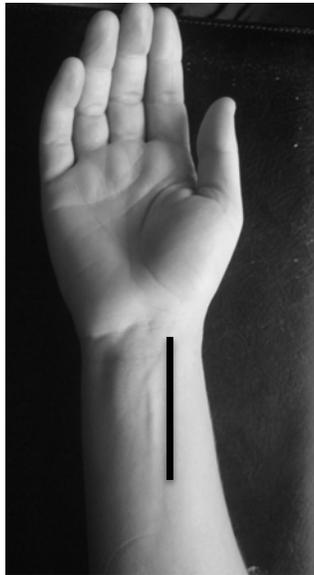


After Your Distal Radius Fracture Surgery

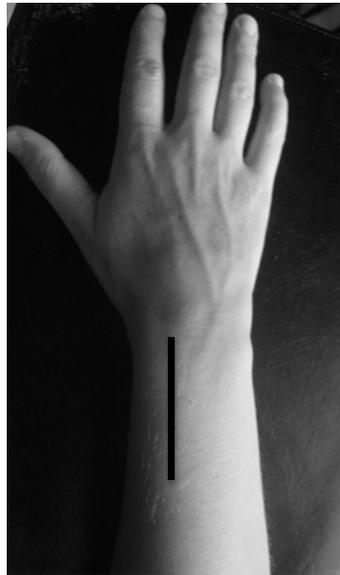
Self-care and follow-up

□ Dressing and Wound Care

- A metal plate with screws or pins (hardware) is often used to stabilize a distal radius fracture. They keep the bones in place while they heal. Sometimes, pins or wires will be used.
- After surgery, you will be in a **bulky dressing (bandage) with a plaster splint** that goes from the hand to the middle of the forearm, with the fingers free. The splint is similar to a cast. The splint can not be removed and must be kept dry. When showering or bathing, cover the splint and your hand with a plastic bag to keep everything dry. The splint protects the incision and the surgical repair, as well as lessen swelling.
- Elevate your hand above your heart as much as possible to lessen swelling and pain. Pillows and blankets under the arm are helpful when you go to sleep.



Surgical incision
8-10 cm in length
(more common)



Surgical incision
8-10 cm in length
(less common)

If your incision is red, foul-smelling, or there is drainage coming from it during daytime hours, call us right away at (206) 598-4263 (HAND). After office hours, you can call the hospital operator at (206) 598-6190 and ask for the Hand Fellow on-call. Go to the emergency room or urgent care if this happens at night or on the weekend.

Pain Management

- Surgery to repair a fracture can be painful. You will receive a prescription for narcotic pain medicine. **For the first 2-3 days, take the pain medication around the clock to stay on top of the pain control.** After 3 days, take the medicine only if you need it. If your pain is mild, you may take Tylenol (acetaminophen) instead. It is important to know that even with pain medication, you can still experience some pain.
- Be sure to talk with the clinic nurse about how to take your pain medication. Taking the correct dose at the right time is very important.
- If you have uncomfortable side effects from the pain medicine, please call the nurse at (206) 598-4263 (HAND).

Driving

- Do not drive if you are taking narcotic pain medication. It is not safe. The medicine can make you sleepy and delay your reaction.
- Once you are no longer taking the medicine, you may drive as soon as you can comfortably grip the steering wheel with both hands. It is generally best to avoid long drives until the initial dressing and plaster splint is removed.

Activity

- Move your fingers to help prevent stiffness. Try to bend (make a fist) and straighten your fingers 5 to 6 times a day.
- It is important to exercise your shoulder several times a day by lifting your arm overhead to minimize stiffness.
- Do not lift anything heavier than a cup of coffee or full soda can (about 1-2 lbs) until sutures have been removed.
- You can use your hand for very light activities of daily living, such as eating, writing, typing, getting dressed, and brushing your teeth. However, pain and stiffness may make it hard to do these things for 2-4 weeks.

Follow-Up Plan

- When you leave the surgery center, you should have a **follow-up** already 10-14 days after surgery. Your dressing and sutures will be removed. At this visit, you will be placed into a removable brace or a full cast (if a complex injury) for the next 4 weeks.
- You will be referred to a hand therapist in our clinic to start range of motion exercises for your elbow, wrist, and fingers as well as exercises to decrease swelling and scarring. You will see a therapist once per week for 4 weeks. You may be referred to a therapist closer to your home for future visits if that is more convenient for you.

- You will have an appointment for repeat X-rays 6 weeks after surgery. At this point, if X-rays show adequate healing, we will start you on more vigorous hand therapy program. We recommend therapy visits 2-3 times per week at this time for 4-6 weeks.
- Do not do any weight-lifting or strengthening exercises without talking with your surgeon or occupational therapist.

Results

- Most patients will be able to perform most activities of daily living at about 6 weeks but with residual stiffness, with recovery of about 50% of their normal wrist motion.
- At about 3 months, most patients have regained most of their motion in their hand and wrist as well as strength. However, continued improvement in motion and strength can be expected for ***up to one year after surgery***.
- Most patients recover well after surgical fixation of their distal radius fractures and are able to return to their pre-injury work and recreational activities. Patient may lose some motion in their wrist (flexion and extension) as well as some residual forearm stiffness with limited rotation.
- Some patients choose to have their hardware (plate, screws, pins) removed 6 to 12 months after surgery because the hardware may become uncomfortable and cause irritation of the tendons in the hand. If you choose to have this surgery, it will be scheduled at your convenience. However, the plate and screws can stay in your wrist permanently and do not have to be removed.

For more information, please visit our website at WWW.UWHAND.COM