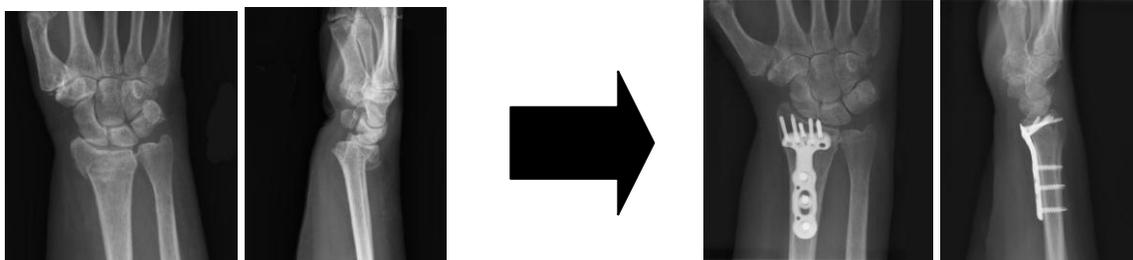


ERIN K. GREER, M.D.
Post-Surgical Information
DISTAL RADIUS FRACTURE



PROCEDURE: The fractured distal radius is repaired and held together with pins or plates and screws.

WHAT TO EXPECT: Most patients are comfortable enough to go home the day of surgery; occasionally an overnight stay is needed. A bulky dressing and splint are applied to the forearm and wrist in surgery. Elevating the affected hand and applying intermittent ice packs for the first 48 hours may reduce pain and swelling.

PAIN AFTER SURGERY: Local anesthetic is usually injected into the incision during surgery to reduce pain for a few hours afterward. Pain medication is prescribed for use as needed. Steadily improving pain is typical for several weeks. Significant pain from the surgery improves in a few days, and the pain from the fracture itself slowly improves over several weeks as the bone and tissues heal. If pain is severe and uncontrolled with prescribed medications, or if the digits become numb, cool, or pale, call the doctor's office promptly. It is important to exercise all digits as fully and frequently as possible to reduce swelling and preserve motion.

INCISION & DRESSINGS: A sterile dressing and splint are placed during surgery. If the dressing is too tight, the outer elastic bandage should be unwrapped and rewrapped more loosely, leaving the deeper gauze intact. The dressings should be left in place until the first follow-up office visit.

FOLLOW-UP AND RECOVERY: A follow-up visit for incision check and removal of any sutures should be scheduled within two weeks after surgery. Usually a removable splint will be applied to allow bathing and light wrist exercises after the first office visit, however, fractures that are more fragile may require casting for several weeks. In most cases, the bone heals in 6 to 8 weeks, but it is not unusual to take several months for maximal improvement of strength, range of motion, and pain resolution. It is important to recognize that many fractures cause irreversible damage to the joint cartilage. So although it is often possible to repair the bone nearly perfectly, arthritis, stiffness, weakness, and some amount of pain may be inevitable in the long term for some patients. The implanted hardware is made of inert metals, so it may be left in place indefinitely unless symptoms arise. For example, pain or tendon irritation or damage may warrant future surgery to remove the hardware.