

After Your Distal Radius Fracture Surgery

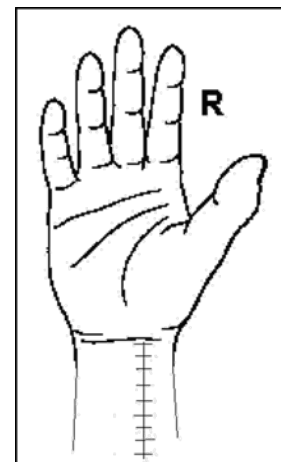
Self-care and follow-up

This handout explains follow-up care after surgery to repair your distal radius fracture.

If your incision is red or there is drainage coming from it, call us right away at the phone numbers listed on the last page. Go to the emergency room if this occurs at night or on a weekend.

Wound Care

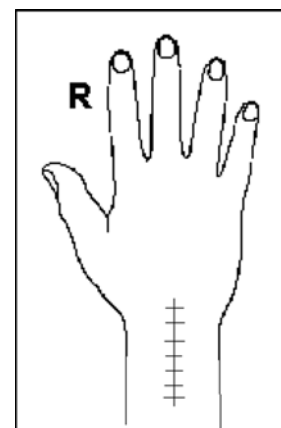
- A metal plate with screws or pins (hardware) is often used to repair a distal radius fracture. These keep the bones in place while they heal. Sometimes wires are also used.
- Right after surgery, most patients have their arm wrapped in a bulky *dressing* (bandage) and a plaster splint that goes from the hand to the middle of the forearm, with the fingers free. This splint cannot be removed, and you must keep it clean and dry. **Cover the splint with a plastic bag when you shower.**



The usual incision site, on the front of a right hand

Pain Management

- Surgery to repair a fracture can be painful. You will receive a prescription for narcotic pain medicine. Take this medicine only if you need it.
- Be sure to talk with the clinic nurse about how to take your pain medicine. To best manage your pain, you must take your pain medicine the way it was prescribed. Taking the correct dose at the right time is very important.
- If you have uncomfortable side effects from the pain medicine, call the nurse at 206-598-4263.



The incision site on the back of a right hand (rarely used)

- Please see “Medications After Surgery” for more information about pain management.

Driving

- Do **not** drive if you are taking narcotic pain medicine. It is not safe. The medicine can make you sleepy and delay your reaction time.
- Once you are no longer taking the medicine, you may drive as soon as you can comfortably grip the steering wheel with both hands.

Activity

- Move your fingers to help prevent stiffness. Try to completely bend and straighten your fingers 5 or 6 times a day.
- Because you won't be using your arm for your everyday activities, also exercise your shoulder several times a day by raising your arm overhead. This will help lessen stiffness in your shoulder.
- Elevate your arm to help lessen swelling, pain, and joint stiffness.
- You may use an ice pack for up to 20 minutes at a time over the surgical dressing to help reduce swelling in your hand. Place a thin cloth between the ice pack and your skin or dressing to protect your skin.
- Do **not** lift or use any object heavier than a pencil until your sutures have been removed.
- You may be able to do some typing or writing right after surgery. But, swelling or stiffness may make it hard to do these things for 3 to 6 weeks after surgery.
- If you are a student, feel free to bring a letter of disability to the appropriate office at your school or college. This will give the school documentation of your injury and may make you eligible for help with writing and typing, if needed.

Follow-up

- At your follow-up visit 10 to 14 days after surgery, your dressings will be removed. Your arm will be placed in a cast or removable brace that covers your wrist and forearm but does not usually include your elbow.
- You will be referred to a hand therapist at the Exercise Training Center, which is near the Bone and Joint Center. You will start exercises for your elbow, fingers, and wrist motion. You will see a therapist once a week for 4 weeks. You may be referred to a therapist closer to your home for more therapy, if that is better for you.

- When X-rays show you no longer need your cast or removable brace, usually 6 weeks after surgery, most patients are given a removable brace to use for support, as needed. If you already have been using a brace, you will be asked to continue using it for activities like heavy lifting or playing sports. At this point, we will start you on a more vigorous occupational therapy program. You will need to see your therapist 2 to 3 days a week at this time.
- Therapy after a distal radius fracture can last as long as 3 months. As your fracture heals and you become more familiar with your home exercise program, you will have therapy 1 time a week, and then once every 2 weeks until you have gained good range of motion and strength.
- Do **not** do any weight-lifting or strengthening exercises without talking with your surgeon or occupational therapist.

Results

- Most patients take about 3 months to get most of their strength and motion back, and up to 1 year to regain all of their strength.
- Most patients recover well after the treatment of distal radius fractures. Most are able to return to their work and recreational activities after the fracture has healed. Patients often lose some motion, especially in the *flexion* and *extension* of the wrist.
- Some patients choose to have their hardware removed 6 to 12 months after surgery because the metal pins or screws may be uncomfortable or irritate some tendons. If you choose to have this surgery, it will be scheduled at your convenience.

Questions?

Your questions are important. Call your doctor or health care provider if you have questions or concerns.

Weekdays from 8 a.m. to 4:30 p.m., call the Hand Center at **206-598-4263**.

After office hours and on weekends and holidays, call the hospital operator at **206-598-6190**. Ask for the Hand Fellow on call to be paged. Your call will be returned.

For more information, please visit the Hand Center online at www.uwhand.com.