

Virtual Fracture Clinic

Fractured Distal Radius

Information for patients, families and carers

What is a fracture of the distal radius?

A fracture of the distal radius is a break in the radius bone at the wrist. It is possible that you may break another bone in the wrist at the same time.

What causes a fractured distal radius?

This fracture commonly happens after a fall or injury where you land on the wrist or put a lot of weight or force through it.

What are the signs and symptoms of a fractured distal radius?

If you have suffered a fracture to the distal radius, then you are likely to experience some pain and swelling. You may not be able to move the wrist or hand initially because of the degree of pain. It is also possible that your hand and wrist may be bent or deformed where the break (fracture) has happened. When you break your wrist, it is possible that you may injure or stretch the nerves or blood vessels around the wrist. This may cause tingling, numbness or colour changes in the hand.

What are the treatments available for a fractured distal radius?

Most distal radius fractures are successfully treated without surgery and using a plaster cast or a splint. Your surgeon will make a judgement about how stable your fracture is and will agree with you which treatment is most appropriate for you. You will usually have a plaster cast or splint on for 4-6 weeks of treatment. This treatment is usually used when the position of the broken bones looks acceptable and they are likely to heal in a good position by themselves. **It is important that you keep your plaster cast clean and dry.**

If your surgeon feels that surgery will be in your best interests, then there are a few other options for treatment. The fracture may need to be manipulated into a good position and then held in place using metal pins, a plate and screws or a scaffold / frame.

The metal plate and screws will normally be left in unless they cause problems but if metal pins or a scaffold/frame are used then they will be removed after a few weeks.

What are the potential complications associated with treatment?

However your fracture is treated, you will be at risk of developing stiffness and swelling of the fingers. It is important that you keep the fingers moving right from the date of injury. Concentrate on curling the fingers into a fist and then straightening them out on a flat surface. You can use your uninjured hand to help. There are some exercise sheets available to help you.

If you are treated in a plaster cast then it is likely that you will have some wrist stiffness too. This can be helped with some therapy once your plaster cast is taken off.

Surgery should mean that you can start to move the wrist earlier but this will depend on how bad your fracture is, the quality of your bone and how well your operation has gone. Your surgeon will advise you. There are other risks associated with surgery. They include injury to tendons, nerves or blood vessels, a scar, infection, bleeding, stiffness, arthritis and pain syndrome. Fortunately, most of these are rare but some of them are important. Your surgeon will advise you. We will normally see you in the clinic for a check two weeks after your surgery. If you have not received an appointment for this please get in touch with the fracture clinic.

What are the potential complications of not receiving treatment?

If you decide not to receive treatment for your distal radius fracture then it is still likely that it will heal but more likely that this will not be in a good position. This may leave you with permanent pain and stiffness in the wrist as well as reduced function.

What is the usual outcome after a distal radius fracture?

Most patients with distal radius fractures make a good recovery. Stiffness is very common in the first few weeks and you will likely benefit from specialist hand therapy in order to regain function. It is not uncommon to have persistent stiffness, occasional pain and swelling and reduced grip strength for up to a year after your injury.

You should discuss driving with your doctor and your insurance company but as general advice, you should not drive with a plaster cast on or while your pain or pain medications might mean that you cannot control the vehicle fully or safely. Most people are able to return to driving 4-6 weeks following surgery or removal of their plaster cast.

Return to work will depend on your job but you should remember that you will need to have time to do your exercises in order to make the best recovery. You should avoid heavy lifting in the first 6 weeks following surgery or removal of your plaster cast. Your therapist will advise you.

Is there anything I can do to help myself?

In the first few weeks after your injury or surgery you should try to keep the wrist and hand elevated above heart level. This will help to reduce swelling. If you are seated or in bed it will help to elevate the arm on one or two cushions or pillows. You should try to keep the fingers moving, making a fist and straightening the fingers out ten times and performing this exercise ten times a day.

Following your surgery or when your plaster cast is removed, you will be referred for hand therapy. It is important that you attend and also that you make time to do your exercises in your own time.

What exercises should I do?

To avoid stiffness and to optimise the return of movement we encourage you to keep the rest of your hand and wrist moving. Some simple exercises are shown on the virtual fracture clinic website.

Who can I contact for more information?

Please look at our website which includes educational material for patients and professionals

www.londonvirtualfractureclinic.co.uk

The Virtual Fracture Clinic Team can be contacted at

Email: virtualfractureclinic@imperial.nhs.uk

Tel: 0203 3125990 (Wednesday 0900-1100hrs)

Look at our website

www.londonvirtualfractureclinic.co.uk

The Hand therapy bookings team can be contacted at

Tel: 02033110333

How do I make a comment about my treatment?

We aim to provide the best possible service and staff will be happy to answer any of the questions you may have. If you have any **suggestions** or **comments** about your visit, please either contact us using the details above or contact the patient advice and liaison service (**PALS**) on **020 3313 0088** (Charing Cross, Hammersmith and Queen Charlotte's & Chelsea hospitals), or **020 3312 7777** (St Mary's and Western Eye hospitals). You can also email PALS at pals@imperial.nhs.uk. The PALS team will listen to your concerns, suggestions or queries and is often able to help solve problems on your behalf.

Alternatively, you may wish to express your concerns in **writing** to:

Complaints department

Fourth floor

Salton House

St Mary's Hospital

Praed Street

London W2 1NY