PATIENT INFORMATION



Wrist Fractures

Wrist fractures are very common injuries. This usually refers to a fracture of the radius, the larger of the two forearm bones just before the wrist joint. They tend to occur in two age groups.

In the young adult they are often high-energy injuries (e.g. motor vehicle accidents, sports) and in the older age group, lower energy (e.g. simple fall). A fall onto an outstretched hand is a common story. The joint may or may not be involved in the fracture.

They are often referred to as Colles fractures.



(Typical deformity after wrist fracture)



(X-ray appearance of a wrist fracture (distal radius), angled backwards)

There are many different ways of treating these injuries depending on the significance of the injury and the demands of the patient. These treatments range from simple cast immobilisation to operative stabilisation.

The decision on which method of treatment is often made on regular x-rays but in some cases a CT scan may be obtained to get better 3-dimensional information, especially when the joint is involved. The aim of treatment is to reduce disability and restore motion and strength. Even with the best treatment some people don't regain full function.



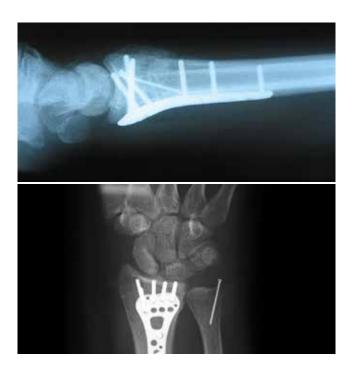
(Example of CT Scan showing disruption of the joint surface of the radius)

Fractures treated non-operatively usually require 6 weeks in a cast and x-rays at various time periods to gauge healing depending on the initial displacement. Fractures that need a reduction (pushing the bone back into place) need x-rays at 1 week and 2 weeks after the reduction to make sure it does not move and then again at the end of cast treatment to check healing.

More significant fractures may need operative stabilisation. This is most commonly with a plate and screws, which are applied to the bone once it has been put back in position. These are not routinely removed. After 2 weeks the dressing is removed and the patient is placed in a removable brace.



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(Example of wrist fixation with plate and screws)

It is very uncommon for these fractures not to heal but the overall recovery of strength and motion can take up to 6 months.

Patients are often referred to hand the rapy for range of motion and exercises.

These notes have been prepared by orthopaedic surgeons at OrthoSport Victoria. They are general overviews and information aimed for use by their specific patients and reflects their views, opinions and recommendations. This does not constitute medical advice. The contents are provided for information and education purposes only and not for the purpose of rendering medical advice. Please seek the advice of your specific surgeon or other health care provider with any questions regarding medical conditions and treatment.