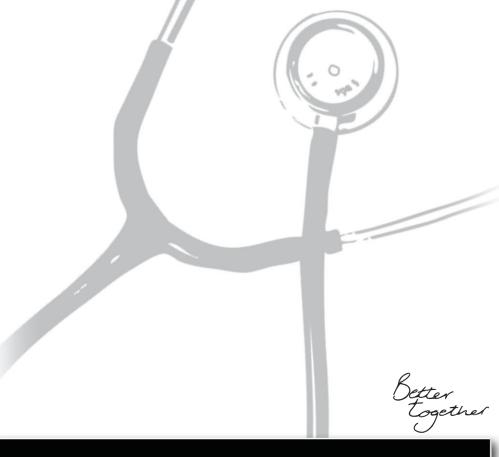


NHS Trust

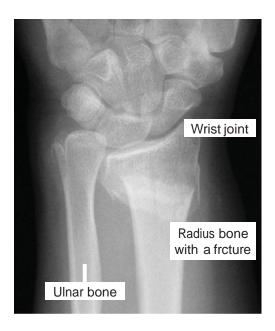


Patient Information Looking After Your Fractured Wrist

Therapies Directorate

PIF 637 V6

A fracture is a break of the bone. Most wrist fractures are caused by a fall onto an outstretched hand, but a direct blow to the forearm can also cause a fracture.



Following a fracture the wrist is often immobilised in plaster cast usually for up to six weeks. This assists in stabilising the bones to help ensure they heal in a good position. In most simple fracture cases this is sufficient support. The plaster cast can also help to control your pain.



In some cases an operation may be suggested to improve the position of the bones so that they heal in a more natural position and the soft tissues (muscles, tendons, ligaments and skin) are supported. Sometimes the support from a plaster is not enough to keep the bones in the best position.

If this is the case you may have the option of treating this with an operation using pins and/or plates to hold the bone firmly while it heals. This option will be discussed with you in clinic if it is relevant to you.

It is not always a clear case of an operation is the best treatment or a plaster is the best treatment and the pros and cons will be discussed with you on an individual basis to help you decide which way you would prefer to be treated.

Radius bone with a fracture treated with wires to hold the bones in position while they heal



Radius bone with a fracture treated with screws and a plate to hold the bones in position while they heal



What can I do now?

Do control your pain

It is important that your pain is minimal to allow the uninjured parts to be kept moving and allow you to sleep well. Ask in clinic or your family doctor (GP) for a prescription if necessary. Your pharmacist may also be able to advise you.

Do reduce swelling

Your hand and arm may swell in because of your injury. This swelling may also increase your pain as its puts increased pressure on the injured parts. If the swelling continues it can cause your joints to become stiff. Any stiffness of the unaffected joints may delay your return to work or affect your ability to perform activities of daily living.

Swelling can be reduced by raising your arm:

- Keep your hand raised above the level of your heart as much as possible.
- If resting/watching television, rest arm out straight, raised on several pillows.
- Every 15 minutes within the hour, raise your hand right up above your head and "pump" the fingers.





• Do keep fingers, thumb, elbow and shoulder moving

In order to keep your uninjured joints healthy it is important they are kept moving. This will also encourage the blood supply to your soft tissues and reduce the swelling, as the muscle action helps squeeze the extra fluid away from the injury. Studies have shown that keeping the uninjured parts moving helps to speed up your recovery once the plaster has been removed.

- Do make sure your plaster fits comfortably. A well fitting plaster will not stop you getting full finger movements i.e. making a fist.
- Do try to use your hand normally for all light activities (except in water) e.g. brushing hair, dressing, buttons, zips, feeding yourself; use your good hand to help if necessary. Try not to ignore your injured hand. This will help to prevent muscle weakness and abnormal pain responses.







Eat healthily and avoid smoking

Try to eat a healthy varied diet, as poor nutrition and smoking are known to slow healing.

What should I do if I have a problem with my plaster?

- Any problems with your cast need to be reviewed by the medical team.
- Tightness or loosening of the cast may cause further complications. (The cast should not move against your skin but also should not feel tight or cause swelling of your fingers or thumb, or cause pressure on your skin)

If you have either of these problems contact the plaster room Monday to Friday between 9am and 12.30pm or attend the Emergency Dept. as soon as possible between 9am and 4 pm.

Return to the Emergency Department immediately if any of the following happens:

- Increased swelling.
- Pins and needles/ numbness.
- Inability to move fingers.
- Unusual colouring e.g. blue/ purple.
- · Increased pain.

Further Information

Fracture Clinic and plaster room

Tel: 0151 706 2000 ext. 2612

Textphone Number: 18001 0151 706 2000 Ext 2612

Physiotherapy / Occupational Therapy Department

Royal Liverpool Hospital site

Tel: 0151 706 2760

Textphone Number: 18001 0151 706 2760

Broadgreen Hospital site 0151 282 6276

Textphone Number: 18001 0151 282 6276

Emergency Department

Tel: 0151 706 2000

Textphone Number: 0151 706 2000

Web sites you may find useful www.nhs.uk

Author: Therapies / Orthotic Directorate

Review Date: October 2019

All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

يمكن توفير جميع المعلومات المتعلقة بالمرضى الموافق عليهم من قبل انتمان المستشفى عند الطلب بصيغ أخرى، بما في ذلك لغات أخرى وبطرق تسهل قراءتها وبالحروف الطباعية الكبيرة وبالصوت وبطريقة برايل للمكفوفين وبطريقة مون والكترونيا.

所有經信托基金批准的患者資訊均可以其它格式提供,包括其它語言、 易讀閱讀軟件、大字

體、音頻、盲文、穆恩體 (Moon) 盲文和電子格式,敬請索取。

در صورت تمایل میتوانید کلیه اطلاعات تصویب شده توسط اتحادیّه در رابطه با بیماران را به اشکال مختلف در دسترس داشته باشید، از جمله به زبانهای دیگر، به زبان ساده، چاپ درشت، صوت، خط مخصوص کوران، مون و بصورت روی خطی موجود است.

ز انباریی پنووندیدار بهو نهخو شانه ی له لایهن تراسته و پهسهند کر اون، ئهگهر داوا بکریت له فور ماته کانی تر دا بریتی له زمانه کانی تر دا بریتی له زمانه کانی تر دا بریتی ده نگ، هیلی موون و نه لیکتر و نیکی هایه.

所有经信托基金批准的患者信息均可以其它格式提供,包括其它语言、 易读阅读软件、大字体、音频、盲文、穆恩体(Moon)盲文和电子格式,敬请索取。

Dhammaan warbixinta bukaanleyda ee Ururka ee la oggol yahay waxaa marka la codsado lagu heli karaa nuskhado kale, sida luqado kale, akhris fudud, far waaweyn, dhegeysi, farta braille ee dadka indhaha la', Moon iyo nidaam eletaroonig ah.