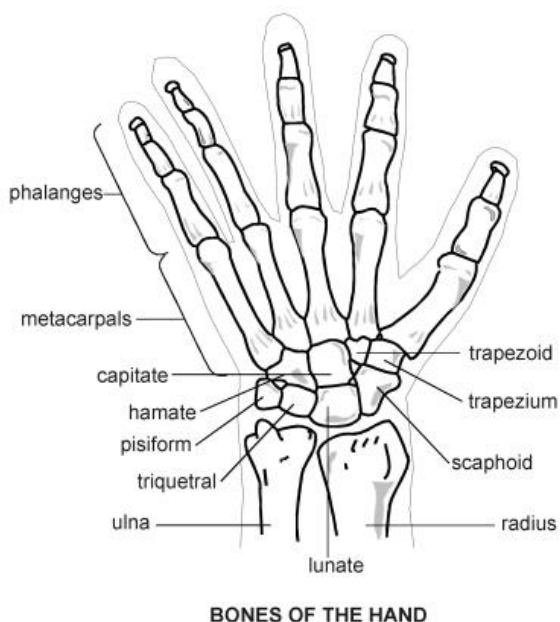


# Wrist Fracture (Distal forearm or radius fracture)

## Who is this leaflet for?

This leaflet will provide you with information regarding what to expect following a wrist fracture. A "fracture" and "break" are the same in orthopaedics.

It will describe some of the possible signs and symptoms and treatment you will be given.



## What is it?

Fractures of the wrist are very common injuries. Around 25% of all patients in fracture clinic will have suffered a fracture of the wrist.

The usual cause of this injury is a fall. The person falling tries to break their fall by putting their hand out to save themselves and in doing so, the wrist is forced backwards.

The radius bone is most often affected, but occasionally the ulna bone and bones within the hand are also involved (Shown above).

Most fractures of the wrist take around 5-8 weeks to heal but it can be months to regain the strength and movements back.

## What are the symptoms?

The most common symptoms experienced are pain, swelling and/or stiffness mostly over the injured area.

There may well be a great deal of bruising and it may also look out of shape. If nerves are involved then you may get some pins and needles or numbness in the hand and fingers. Please tell us about this in fracture clinic.

## How is the diagnosis made?

The diagnosis of a wrist fracture is usually made following trauma to the wrist and after having an X-ray of the injured limb.

## Who gets wrist fractures?

Wrist fractures can occur in people of all ages who undergo trauma. There are certain people who may be more at risk of wrist fractures which include those with osteoporosis, bone deformities and other bone disorders.

## Could it have been prevented?

It is very unlikely that a wrist fracture could have been prevented once the injury has occurred.

However, if you are at risk of falls or have bone disorders we will need to investigate you further to lower the risk of further fractures in the future.

## **Treatment**

If the wrist was deformed In A&E then you may have had a manipulation to put it into a better position.

You should have then been placed into a plaster cast. We will assess this cast and your wrist at your appointment in fracture clinic. There are several treatment options available at this point.

The fracture will often require weekly monitoring for displacement as the fracture may move as the swelling comes down. We will also keep a close eye on the fit of the cast.

We frequently change the cast to a more fitting full cast once the swelling has come down.

If we are happy the fracture is healing and not moving out of place we will set a date for cast removal (Usually 6 weeks from the time it was put on).

In some cases the fracture is unstable and moves out of place and we will offer you surgery to realign the bones.

This will be discussed with you in more detail with the doctor in clinic and a date for surgery made.

## **Does treatment help?**

Whichever treatment you are offered in the fracture clinic it will always aim to improve your quality of life, functioning and reduce pain. Below are some things you should do to improve your treatment.

**You should refrain from smoking as this has shown to slow and prevent bone healing.**

## **Whilst the cast is on**

It is essential in the early stages to elevate the limb to help with the swelling.

Sometimes a sling can be used for the first few days. It is also extremely important that you keep your affected arm moving, not just the fingers, but also the elbow and shoulder.

As these will become stiff if not used and can give problems in the long term. You should not drive.

## **When the cast is removed**

It is normal for your wrist and arm to feel achy and swollen. Often the skin is quite dry as well. Soaking your arm and wrist in warm water will help as well as massaging it with oils or hand cream.

Treat swelling with elevation and try to get the wrist to move as normally as possible, Continue exercising the shoulder and elbow.

You should avoid lifting anything heavy or risky for at least four weeks. It will take time to regain muscle strength in the hand and wrist.

## **Medication treatment**

You may require painkillers to keep mobile. Please discuss these with us in clinic. There is some evidence that vitamin C may reduce the risk of pain syndromes.

If you are not coping with the pain after several weeks despite oral medications your GP may refer you to specialist pain services to discuss other options.

## **Exercises**

The purpose of these exercises is to provide you with the correct advice on how to return your wrist to normal once the cast has been removed.

The exercises should be performed often and progressed at your own tolerance.

1. Fully flex your wrist then try to flex your wrist even more. Hold for 30 seconds.
2. Fully extend your wrist then try to extend your wrist even more. Hold for 30 seconds.
3. Rest your forearm on a table, palm turned down. Alternately turn palm up and down keeping elbow straight.  
  
Hold fingers and wrist straight. Bend your wrist first towards the little finger and then towards the thumb.
4. Support your elbow on a table with your wrist straight and your fingers pointing towards the ceiling.  
  
Make a fist (thumb over fingers). Straighten your fingers and bring them apart.
5. Put the back of your hand on a table. Bring your thumb to the base of your little finger. Bring your thumb back.
6. Place the palm of your hand on a table. Bring your thumb away from the index finger and then back again.

### Does this mean I have Osteoporosis?

Osteoporosis means bones of low density (weak). Many people get this especially as they get older without realising until a bone breaks with little trauma.

Your fracture will heal just as quickly whether you have osteoporosis or not.

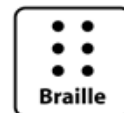
If you have the kind of bones where a fracture happens with little trauma, you should see if there is anything you can improve to make your bones stronger.

If you are seen in falls clinic after your injury then this will be dealt with there, but if you not your GP will be able to discuss this further with you once the fracture has healed.

### Who do I contact if I have questions or concerns?

Your GP or physiotherapist will be happy to give you advice for this very common complaint if you need more discussion than you have had in the out-patient clinic.

If you feel your query needs a more specialist answer then please call fracture clinic on the following



### If you require a special edition of this leaflet

This leaflet is available in large print, Braille, on audio tape or disk and in other languages on request. Please contact:

**Tel No: 0151 529 2906**

**Email: [interpretationandtranslation@liverpoolft.nhs.uk](mailto:interpretationandtranslation@liverpoolft.nhs.uk)**