



## **Open Reduction and Plate Fixation of Distal Radius Fracture Post-operative Instructions**

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### **The Surgery**

Your distal radius fracture surgery is an outpatient procedure that will be done in a formal operating room. After checking into our registration desk, you will be taken to a preoperative holding area where you will change into a gown, meet with your surgeon, your anesthesia staff, nurses, and other members of our team to evaluate you and prepare you for the procedure. You will then be taken to the operating room. The surgery is typically performed under a shoulder block local anesthesia with additional IV sedation. It is very important that you have nothing to eat or drink after midnight the evening prior to surgery. You will also need to have someone else drive you home. If you are unable to meet these two needs, your surgery may have to be cancelled and rescheduled for another date.

In the operating room, the OR staff will require about fifteen minutes to place you under sedation then prep and drape your arm. After this, the surgery itself will take about 1.5 hours. During the operation, incisions will be made in your wrist and forearm to properly realign your bones. I will use plates and screws internally to hold the radius bone in place. Sometimes, I supplement this fixation with wires that come out of the skin. A bulky splint is then placed on the wrist and forearm, then you will be awoken and taken to a recovery room. Once you are comfortable and can drink clear fluids, you may go home.

### **Post-operative Protocol - The first two weeks**

During this time, you should elevate and rest your hand as much as possible. It is very important to move your fingers, even though it may cause some wrist and hand pain. Light typing or writing for no more than 10 minutes at a time is allowed, but if it causes pain you should discontinue. You may not lift anything heavier than a cup of coffee with your surgical hand. You will have some swelling and bruising in your fingers and elbow, but as long as you can move them without severe pain, this is normal. You will be given a prescription for pain medication to take as needed.

You should call my office if you have progressively worsening pain that is not relieved by icing, rest, elevation, and your prescription pain medication. You should also

call if you have a persistent fever of greater than 101°F or notice any drainage from the incisions.

Around two weeks after surgery, I will re-evaluate you in my office. At this time, the splint will be removed, and new x-rays will be taken. If the fracture was solidly fixed in surgery, I will fit you with a removable splint and start wrist motion with an occupational therapist. In rare cases, I will place you in a cast.

### **The 3<sup>rd</sup> and 4<sup>th</sup> weeks**

During this time, your chief goal is to regain finger and wrist motion. You should gently try to open and close your hand throughout the day. You should also try to touch your fingertips with your thumb. When you can do this easily, try to reach the base of fingers with your thumb. You may type and write for up to 15-20 minutes at a time with low speed, but you should discontinue if your pain increases. You should still avoid any lifting more than 2 lbs. or tight grasp during this time.

You may now get the incisions wet. Do not scrub the wounds. Pat them dry when you are done showering. You should also start gentle wrist range of motion out of your brace three to four times a day.

### **The 5<sup>th</sup> and 6<sup>th</sup> weeks**

Most patients will be working on aggressive wrist range of motion at this point. You should go to therapy on a regular basis. I expect to see slow but steady improvement in finger and wrist flexibility. You should be having less pain at this time also.

You can now lift up to 3 lbs. and progress to 5 lbs. with your injured hand unless I give you other instructions.

I will see you in the office at 6 weeks after surgery. At this time, I will get new x-rays. You can start to soak the wrist and hand in warm water after this to help decrease any residual stiffness.

### **The 7<sup>th</sup> and 8<sup>th</sup> weeks**

You will continue to aggressively pursue range of motion of the wrist and hand. You may now lift up to 8 lbs (e.g. a gallon jug of milk) with the injured hand if it does not cause pain.

### **The 9<sup>th</sup> and 10<sup>th</sup> weeks**

You should now work on strengthening your wrist and fingers. I will usually re-evaluate you at 10-12 weeks and get a final set of x-rays. If your motion and strength are returning well, you may progress your activity and return to normal use of the hand over the next month.

If you are still having stiffness, numbness or pain, I will start other treatments such as medications, therapy, or splinting as indicated. Additionally, I will personalize further follow-up visits to meet your needs.