



## **Duke Orthopaedics: Upper Extremity Division**

*Christopher Klifto, MD & Alix Ackerman NP-C*

North Carolina Orthopaedic Clinic | 3609 SW Durham Dr, Durham, NC 27707

### **Operative Fixation Forearm Fracture (Radius/Ulna)**

#### ***When is surgical intervention needed for forearm fractures?***

After a trauma which includes a fracture or break to 1 of the bones in the forearm (the radius, ulna, or both bones) x-rays will be obtained to assess alignment of fracture pieces. If the fracture is not in correct alignment, it may be reduced to attempt straightening of the bone to a more acceptable alignment. If proper alignment is still not achieved, surgery is recommended to line up the bone pieces.

#### ***What does surgery include?***

Surgery to correct forearm fractures will involve an incision on the wrist. Dr. Klifto will move the fracture pieces to the correct position and fracture pieces will be held in the correct position with a plate and screws. The type of plate will be different depending on the location and type of fracture.

#### ***Length of Stay***

This is same-day surgery not requiring hospital admission as long as there are no complications or other health comorbidities that require attention before discharge. You will need to have someone who can stay the entire length of the procedure and take you home.

#### ***Anesthesia***

Patients usually have one of two types of anesthesia for this surgery. The first is general anesthesia, which means you are asleep. The second type of anesthesia is a nerve block with sedation so you will not remember the procedure. Your arm will be numb and will feel very strange. The nerve block will last approximately 18-24 hours. The anesthesiologist will speak to you on the day of surgery. The ultimate choice of anesthesia technique is up to you and your anesthesiologist.

#### ***Incisions***

You will have an incision on the inside of your wrist for a radius fracture, and on the side of your wrist for an ulna fracture. The length of your incision(s) depends on the location of the fracture.

#### ***Pain Control***

You will have pain medication prescribed for you prior to discharge. After the nerve block wears off you will have post-surgical discomfort, so start your pain medicine when the block begins to wear off. The pain is worst during the first 2-3 days then gradually improves.

### ***Diet***

The combination of anesthesia and pain medications can cause nausea in some patients. If you are prone to nausea or show signs of nausea prior to discharge, a prescription for an anti-nausea medication will be provided. You may wish to advance your diet slowly the day of surgery to avoid exacerbation of nausea. Surgery and the narcotic pain medications are very constipating. Your diet should include plenty of water, fiber, fresh fruits and vegetables.

### ***Sling/Splint***

Your wrist will be placed in a splint prior to leaving the operating room. You are to remain in your splint 24/7 until your first post-operative appointment in 2 weeks. The splint cannot get wet. You will be placed in a sling prior to leaving the hospital while your arm is still numb from the nerve block. This will protect your arm until you regain full sensation and muscle control. After the block wears off, you can remove the sling and only wear for comfort if desired.

### ***Physical Therapy***

At your post-operative appointment 2 weeks after surgery, need for PT will be discussed. Many factors influence that need for PT including desire for custom bracing, wrist ROM, and fracture pattern.

### ***Restrictions***

Recovery from operative fixation of forearm fracture approximately is one to six months. During that time you will have restrictions on the use of your operative arm.

**Day of surgery to Week 2:** remain in splint full time. Out of work for many occupations. No use of operative wrist while in splint, but hand is free. No lifting, pushing/pulling, or leaning on operative extremity.

**Weeks 2-6:** Transition from splint to removable brace with progression of ROM. Approximately 2-5 pound lifting restriction. Begin physical therapy vs home exercises.

**Week 6-3 months:** Remove lifting restriction as tolerated with return to most activities. No contact sports with risk of fall/re-injury.

**3 Months:** No restrictions. May return to all activities including weight-bearing through operative extremity