After Your Distal Radius Fracture Surgery
Self-care and follow-up

Wound Care

- A metal plate with screws or pins (hardware) is often used to repair a distal radius fracture. These keep the bones in place while they heal.

- Right after surgery, most patients have their arm wrapped in a bulky dressing (bandage) and a plaster splint that goes above the elbow. This splint cannot be removed, and you must keep it clean and dry. Cover the splint with a plastic bag when you shower.

Pain Management

- Surgery to repair a fracture can be painful. You will receive a prescription for narcotic pain medicine. Take this medicine only if you need it.
• Be sure to talk with the clinic nurse about how to take your pain medicine. To best manage your pain, you must take your pain medicine the way it was prescribed. Taking the correct dose at the right time is very important.

• If you have uncomfortable side effects from the pain medicine, call the nurse at 206-598-4263.

• Please see “Medications After Surgery” for more information.

Driving
• Do not drive if you are taking narcotic pain medicine. It is not safe. The medicine can make you sleepy and delay your reaction time.

• Once you are no longer taking the medicine, you may drive as soon as you can comfortably grip the steering wheel with both hands.

Activity
• Move your fingers to help prevent stiffness. Try to completely bend and straighten your fingers 5 or 6 times a day.

• Because you won’t be using your arm for your everyday activities, also exercise your shoulder several times a day by raising your arm overhead. This will help lessen stiffness in your shoulder.

• Elevate your arm to help lessen swelling, pain, and joint stiffness.

• You may use an ice pack for up to 20 minutes at a time over the surgical dressing to help reduce swelling in your hand. Place a thin cloth between the ice pack and your skin or dressing to protect your skin.

• Do not lift or use any object heavier than a pencil until your sutures have been removed.

• You may be able to do some typing or writing right after surgery. But, swelling or stiffness may make it hard to do these things for 3 to 4 weeks after surgery.

• If you are a student, feel free to bring a letter of disability to the appropriate office at your school or college. This will give the school documentation of your injury and may make you eligible for help with writing and typing, if needed.
Questions or Concerns?

Your questions are important. Call your doctor or health care provider if you have questions or concerns. UWMC clinic staff are also available to help.

Weekdays, 8 a.m. to 4:30 p.m.: Call the Hand Center at 206-598-4263.

After office hours and on weekends and holidays: Call the hospital operator at 206-598-6190. Ask for the Hand Fellow on call to be paged. Your call will be returned.

For more information, please visit the Hand Center online at www.uwhand.com.

Follow-up

- At your follow-up visit 10 to 14 days after surgery, your dressings will be removed, and you will be placed in a cast that usually covers the wrist and forearm but does not include the elbow.

- You will be referred to see a hand therapist at the Exercise Training Center, which is near the Bone and Joint Center. You will start rotational exercises for the elbow as well as finger motion. You may be referred to a therapist closer to your home for more therapy sessions, if that is better for you.

- When the cast is removed, usually 6 weeks after surgery, most patients are given a removable brace for support. At this point, we will start you on a more vigorous occupational therapy program that includes bending the wrist.

- Therapy after a distal radius fracture can last as long as 3 months. At first, you may need therapy 2 to 3 times a week. As your fracture heals and you become more familiar with your home exercise program, you will have therapy 1 time a week, and then once every 2 weeks until you have gained good range of motion and strength.

- Do not do any weight-lifting or strengthening exercises without talking with your surgeon or physical therapist.

Results

- Most patients take about 3 months to get most of their strength and motion back, and many need therapy during this time.

- Most patients recover well after the treatment of distal radius fractures. Most are able to return to their work and recreational activities after the fracture has healed. Patients often lose some motion, especially in the flexion and extension of the wrist.

- Patients often choose to have their hardware removed 3 to 12 months after surgery because the metal sticks out or because the metal pins or screws irritate some of the tendons. If you choose to have this surgery, it will be scheduled at your convenience.