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ORIF of wrist fracture

You've been listed for an operation ORIF (open reduction and internal fixation) of wrist fracture. You should have received most of the information during your last consultation with me. While the operation is successful for the vast majority of patients, there is a small risk of complications. As part of the consent process I will explain some common and/or significant complications to you. This list doesn't include every single complication that could possibly occur, but will focus on the important ones. While it is important that you understand the risk of complications, this shouldn't put you off having the operation, as the potential benefits of successful surgery by far outweigh the small risk of complications. Please don't hesitate to get in touch with me if you've got any further questions about this.

Infection: There is always a small risk of infection following any surgery. The risk is small. If the wound should become red/hot/swollen/painful following the operation you should see myself, your GP or a Doctor in the A&E department for advice. A short course of Antibiotics will usually eradicate the infection.

Nerve damage: There is a small risk of accidental damage to nerves. Dependent on the size and function of the nerve this could leave you with an area of numbness and/or weakness in some muscles of the hand. Although some damaged nerves can be repaired, recovery is usually slow and often incomplete. Sometimes damaged nerve endings can grow a painful neuroma, this may respond to physiotherapy or may require further surgery.

Damage to vessels/bleeding: This is rarely a problem and usually dealt with at the time of surgery but might result in a bruise.

Malunion: The goal of the operation is to restore the anatomy of your broken wrist as good as possible. Dependent on the severity of the fracture it is not always possible to bring everything back to perfectly normal and the wrist may therefore heal with a degree of deformity – this is called a malunion. For most patients this does not cause any major problems. Very few patients require further corrective surgery.

Non-union: Sometimes fractures don't heal. Even surgery doesn't guarantee successful healing. Further surgery may be required to encourage the fracture to heal.

Problems with metalwork: Although I take great care to position plates and screws in the best possible place and position, sometimes there can be problems: Plates can sometimes be palpable under the skin. Screws may be too long and cause irritation to skin and tendons. Screws can penetrate into the wrist joint and can cause pain. If prominent metalwork is causing pain, more surgery to remove the implants is required. Very rarely there are cases of catastrophic failure of metalwork for example if a plate breaks. More surgery will be necessary.

Ongoing pain: Fixing a broken wrist does not always guarantee that any pain in the area will disappear. This depends on many factors, but mainly on the severity of the injury. If the fracture is

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away from the joint the outcome is usually much better than in patients where there is damage to the joint surfaces. If your wrist has been shattered in many pieces then surgery can only limit the damage done at the time of the injury.

Scar tenderness: This can sometimes be a problem. Most patients will respond to physiotherapy.

Pain syndrome: This is a rare but potentially disabling problem. It is a poorly understood condition where patients experience pain out of proportion following surgery. In severe cases this can also cause stiffness of the fingers. While intensive Physiotherapy can help most patients to control the symptoms, very few patients can be left with severe pain and stiffness leading to long-term disability.

Bleeding: Most patients develop mild to moderate bruising; this is not of any major concern.

Following Surgery:

Plaster: You will have a half-plaster immobilising your wrist. This will leave all other fingers free and will allow you to use your hand a little bit. After 2 weeks this will be removed, and you can start mobilising in a soft support splint.

Sutures: They are absorbable. There is usually no need to formally remove the sutures.

Mobilisation: Keep your hand elevated, especially in the first couple of days when the tendency to swell up is strongest. You can mobilise as pain allows. Get your hand involved in light daily activities as soon as the pain subsides. Build up your activity levels slowly.

Pain killers: You will get some to take home from the ward. They work best when you take them early before it's really painful. Take some painkillers before you go to bed. If pain levels are high: Take painkillers regularly to keep the blood levels high. If pain levels are low: Take painkillers as and when required.

Problems following surgery: Phone the ward for advice on 01625 505416

If you would prefer to discuss this again with me prior to treatment then please contact my secretary: Tel 07935 480188, email jfortho.secretary@gmail.com

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