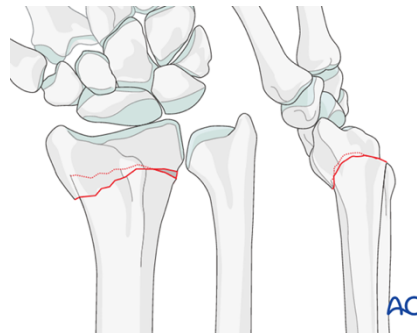


Patient Instructions After Distal Radius Fracture Fixation

A distal radius fracture involves the portion of the radius bone that is closest to your wrist. The radius and the ulna are the two bones in the forearm. They articulate (align) with the carpal bones of the wrist. In most cases a plate is placed on the volar (palm) side of your radius to stabilize the fracture. Most of the time there is a fracture of the distal ulna, called an ulnar styloid fracture. These ulnar styloid fractures typically are not fixed surgically and will heal on their own.



The goal of distal radius fixation is to allow early motion and use of the hand/wrist while the fracture is healing. Fracture healing will still take several months. You will not be able to use your hand/wrist for heavy lifting during that time, but you can use it for the activities of daily living. Your recovery may take up to one year.

Post Op Appointment:

You will typically be given a post-op appointment at **7-10 days after surgery** with Dr. Blumenthal's Physician Assistant. At this visit, your dressing will be removed and your incision will be evaluated. Instructions for your post-operative care will be reviewed. You will see Dr. Blumenthal **~3 weeks after surgery** at which time new x-rays will be taken and your sutures will be removed.

Splint:

Most patients will be placed in a plaster splint for the first ~1-2 weeks after surgery. The exact time frame may vary. This splint cannot get wet – please cover it with water-proof bags if showering/bathing. Do not submerge in water.

Weight Bearing Restrictions:

Unless otherwise instructed, you may use your arm for your “activities of daily living” – these include eating, self care, brushing teeth, etc. For the first 6 weeks after surgery, do not lift anything heavier than 2 lbs. Otherwise you are encouraged to use your arm. Listen to your body – it will tell you what is “safe” versus unsafe to do. Do not try to lift heavy weight, and do not worry yet about loss of strength. Your grip will be weak for some time. “Turning” motions will be very hard. You may not be able to open jars or doors for several months.

Sling Use:

You do not need a sling. If you were given a sling because you had a nerve block, then discontinue use of the sling as soon as you feel comfortable or as soon as the nerve block wears off.

Ice:

Ice is strongly encouraged! Ice packs help reduce swelling, bleeding, and therefore pain. Just make sure to have a sheet or cloth between any ice and your incision. There is no ideal time frame. Typically “20 minutes on 20 minutes off” is quoted, but as long as the ice is not directly on your skin, longer will not hurt you.

Physical Therapy:

Most patients do not require formal physical therapy after distal radius fractures. Do not worry about PT for the first few weeks after surgery. If necessary, PT will be started after about 4-6 weeks. We will discuss at your post-op visits.

Sutures:

These will come out at your first post-op visit, which is typically 2 weeks after surgery. They are not dissolvable. Please do not worry if your incision appears raised – it will flatten out over time. The sutures are designed to evert the skin edges and promote optimal healing. **Your incision may be red and swollen;** this is normal. The red flag is if there is any significant wound drainage or bleeding that does not cease within the first few days after surgery.

Blood clot prophylaxis:

Typically your medications will be sent before your surgery. Most patients with distal radius fractures are instructed to take baby aspirin twice a day for 2 weeks to reduce their risk of blood clots. This is mainly in acknowledgement of the fact that you are likely more sedentary during this time period than you would typically be.

Pain Medications:

Acetaminophen, or Tylenol, is typically first-line for pain control; our preferred dosing is 1000 mg every 8 hours. This is equivalent to two extra-strength Tylenols every 8 hours. You will be given a narcotic (such as oxycodone or tramadol) for breakthrough pain. This medication should be taken every 4-6 hours. You may also supplement with ibuprofen, also known as Motrin. Ibuprofen may be taken at 600 mg (or three regular-strength tablets) every 6-8 hours. **Refills may take 24-48 hours to complete and authorize** – please do not call for refills on Friday as we may not be able to complete them before the weekend. Refill requests cannot be honored over the weekend, so please plan ahead.

Bowel Regimen:

You may become constipated while taking narcotics. Take over-the-counter Miralax, which is a powder you mix into water. Other options are medications such as senna or colace which are stool softeners. If you develop loose stools, these medications should be discontinued. If you develop severe or worsening abdominal pain, you may require assessment in the emergency department.

Questions/concerns:

Call the office at **661-600-1740** if you have any questions or concerns. During non-business hours, you will be re-directed to the USC call center.

Exercises to perform:

Once you feel comfortable, you may begin to perform exercises. The key is to be **gentle** and **gradual**. You are not trying to win a race. Listen to your body. It is ok if you do not feel ready to use your arm for the first few weeks after surgery. When you feel ready, begin with the following exercises.

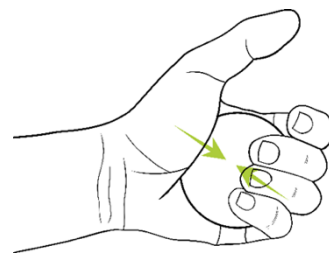
Flexion / Extension



Use your uninjured hand to assist in extending and flexing your injured wrist. You may also use a table or wall. Work on very gentle stretching to gradually increase your range of motion. The key is “gradual”. You can do this with your fingers straight or with your hand held in a fist position.

Grip Strength

You may use a “stress ball” or “grip” or even towel to perform these exercises. Simply squeeze slowly up to 10 times to work on your grip strength. Grip strength is going to be one of the last things to return.



Supination / Pronation



“Supination” and “pronation” are the motions by which your wrist and forearm rotate. With your elbow at your side, rotate your forearm gently back and forth. You are supinating when your palm is “up” and pronating when your palm is “down.” This rotational motion will be difficult at first. Do not push past your point of comfort.

Finger Opposition

This exercise helps with your finger motion and flexibility. One by one, touch each finger to your thumb (think, like a piano). You may use your other uninjured hand to assist.

