

Patient Information for Consent

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What is a wrist fracture?

A wrist fracture is a break of one or both of the bones in your forearm near your wrist joint. A wrist fracture is sometimes known as a 'distal radius fracture'.

Your surgeon has suggested an operation to treat your broken wrist. However, it is your decision to go ahead with the operation or not. This document will give you information about the benefits and risks to help you to make an informed decision.

If you have any questions that this document does not answer, it is important that you ask your surgeon or the healthcare team. Once all your questions have been answered and you feel ready to go ahead with the procedure, you will be asked to sign the informed consent form. This is the final step in the decision-making process. However, you can still change your mind at any point.

How does a wrist fracture happen?

Many wrist fractures happen to older people when they fall with their hand stretched out. Wrist fractures can also happen to younger people.

Sometimes the fracture is just a little crack in the bone. However, the fracture can be more severe with the bone broken in many places and damage to the surface of your wrist joint.

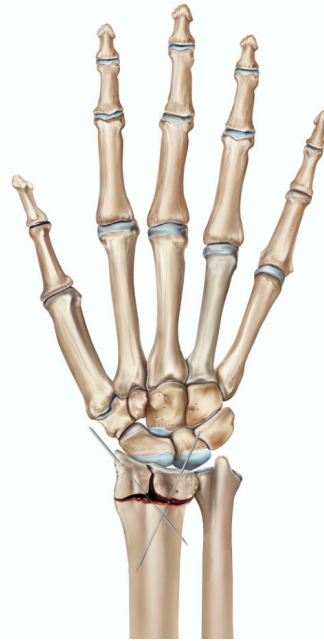
What are the benefits of surgery?

The aim is to hold the pieces of bone in a good position while the fracture heals. This should help your wrist to work better.

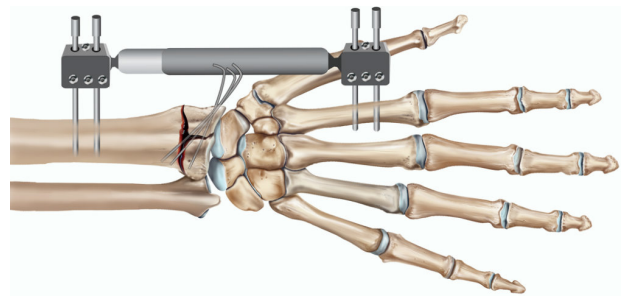
Are there any alternatives to surgery?

Some wrist fractures heal well in a cast. Before placing your wrist in a cast, you may need to have the bones pulled into a better position (called a manipulation). You will need a local or general anaesthetic.

If your wrist is badly broken, the bones do not always stay in a good position in the cast. Your surgeon may recommend an operation.



Wires



An external fixator

What will happen if I decide not to have the operation?

You may need to have a manipulation and then your wrist will be put in a cast. If the bones do not heal in a good enough position, you are more likely to have problems with your wrist in the future. It is usually only possible to perform the operation within about 2 weeks of the injury.



Plates and screws

What does the operation involve?

The healthcare team will carry out a number of checks to make sure you have the operation you came in for and on the correct side. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

Various anaesthetic techniques are possible. Your anaesthetist will discuss the options with you.

You may also have injections of local anaesthetic to help with the pain after the operation. You may be given antibiotics during the operation to reduce the risk of infection.

There are several different ways of fixing a broken wrist.

- Wires inserted through your skin.
- Plates fixed to the bone with screws.
- An 'external fixator' (using a frame and pins).

Your surgeon will discuss which option, or combination of options, is best for you.

They will close your skin with stitches or clips and place a bandage, splint or cast on your wrist.

What should I do about my medication?

Make sure your healthcare team know about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter. Anti-inflammatory painkillers may prevent the fracture from healing properly, so it is better not to take these if possible.

What can I do to help make the operation a success?

If you smoke, stopping smoking may reduce your risk of developing complications and will improve your long-term health. Nicotine is known to stop fractures from healing.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

You can reduce your risk of infection in a surgical wound by taking the following steps:

- Try to have a bath or shower either the day before or on the day of the operation. If you have a temporary cast, you must keep it dry.
- Keep warm around the time of the operation. Let the healthcare team know if you feel cold.
- If you are diabetic, keep your blood sugar levels under control around the time of your procedure.

Speak to the healthcare team about any vaccinations you might need to reduce your risk of serious illness while you recover. When you come into hospital, practise hand washing and wear a face covering when asked.

What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this operation. Your

doctor may be able to tell you if the risk of a complication is higher or lower for you. Some risks are higher if you are older, obese, you are a smoker or have other health problems. These health problems include diabetes, heart disease or lung disease.

Some complications can be serious.

You should ask your doctor if there is anything you do not understand.

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

General complications of any operation

- Bleeding during or after the operation.
- Infection of the surgical site (wound). It is usually safe to shower after 2 days but you should check with the healthcare team. Keep your wound dry and covered. If you have a cast, you must keep it dry. Let the healthcare team know if you get a high temperature, notice pus in your wound, or if your wound becomes red, sore or painful. An infection usually settles with antibiotics but you may need special dressings and your wound may take some time to heal. In some cases another operation might be needed. Do not take antibiotics unless you are told you need them.
- Allergic reaction to the equipment, materials or medication. The healthcare team are trained to detect and treat any reactions that might happen. Let your doctor know if you have any allergies or if you have reacted to any medication, tests or dressings in the past.
- Difficulty passing urine. You may need a catheter (tube) in your bladder for 1 to 2 days.
- Chest infection. Your risk will be lower if you have stopped smoking and you are free of Covid-19 (coronavirus) symptoms for at least 7 weeks before the operation.

Specific complications of this operation

- Damage to nerves, leading to a patch of numb skin or a tender scar (risk: 1 in 10). This usually gets better but may be permanent.
- Infection around a pin or wire (risk: 1 in 10). This usually settles when the pin or wire is

removed. You may need a course of antibiotics.

- Infection of the bone caused by an infection around a wire or plate (risk: 1 in 250). You will need a course of antibiotics or sometimes another operation.
- The bones move out of position. You may need another operation to fix the bones in a good position again.
- Severe pain, stiffness and loss of use of your wrist and hand (complex regional pain syndrome - CRPS) (risk: 1 in 10). The cause is not known. You may need further treatment including painkillers and physiotherapy. Your wrist and hand can take months or years to improve. Sometimes there is permanent pain and stiffness. You may be able to reduce this risk by taking a vitamin C tablet each day for 6 weeks after the operation. Your doctor will be able to discuss this with you.
- Tendon problems affecting your thumb. This can cause pain when you move your thumb, or loss of movement if a tendon snaps. If you have a snapped tendon you will need another operation so you can move your thumb (risk: 1 in 100).
- Carpal tunnel syndrome, where there is increased pressure on the nerve that crosses the front of your wrist (the median nerve) (risk: 1 in 20). This results in pain or numbness in your thumb, index and middle fingers. You may need a carpal tunnel release operation to relieve the pressure.
- Developing arthritis in the wrist (risk: 1 in 25). This usually does not need any treatment.

Consequences of this procedure

- Pain. The healthcare team will give you medication to control the pain and it is important that you take it as you are told so you can move about as advised.
- Unsightly scarring of your skin.

How soon will I recover?

In hospital

After the operation you will be transferred to the recovery area and then to the ward.

Keep your wound dry for 4 to 5 days, and use a waterproof dressing when you have a bath or shower.

The healthcare team will tell you if you need to have any stitches removed or dressings changed.

You should be able to go home the same day. However, your doctor may recommend that you stay a little longer.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

Returning to normal activities

If you had sedation or a general anaesthetic and you go home the same day:

- A responsible adult should take you home in a car or taxi and stay with you for at least 24 hours.
- Be near a telephone in case of an emergency.
- Do not drive, operate machinery or do any potentially dangerous activities (this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination.
- Do not sign legal documents or drink alcohol for at least 24 hours.

The healthcare team will tell you when you can return to normal activities.

Keep your hand raised for the first week so that the swelling settles. It is important to move your fingers, elbow and shoulder to help reduce any stiffness.

The fracture usually heals in about a month. If your surgeon used wires or an external fixator, they will usually remove these in the outpatient clinic. This procedure does not need another anaesthetic.

You may need some physiotherapy if your wrist is stiff.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Do not drive a car or ride a bike until you can control your vehicle, including in an emergency, and always check your insurance policy and with the healthcare team.

The future

Most people make a good recovery and are able to return to normal activities. However, recovery can take many months.

Your doctor may recommend tests or further treatment to reduce the risk of another fracture.

- Looking into any cause for your fall, such as a dizzy spell or blackout.
- An exercise programme to improve your balance and muscle strength.
- Medication to make your bones stronger if you have osteoporosis (brittle bones).

The injury can cause you to lose some wrist movement permanently and sometimes cause your grip to be weaker. About 1 in 25 people develops arthritis in their wrist but this does not often need any treatment.

Summary

For some types of wrist fracture, an operation is the best way to make sure the bones heal in a good position.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Acknowledgements

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Illustrator

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