

Patient Information for Consent

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What is a wrist fracture?

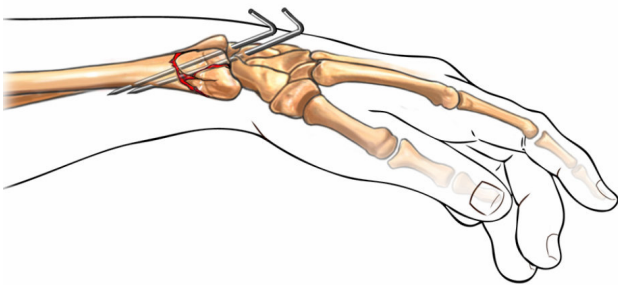
A wrist fracture is a break of one or both of the bones in the forearm near your wrist joint. A wrist fracture is sometimes known as a 'distal radius fracture'.

Your surgeon has suggested an operation to treat your child's broken wrist.

This document will give you information about the benefits and risks to help you to be involved in the decision. If you think your child is mature enough, it is best to discuss the operation with them so they can be involved in the decision too. If you have any questions that this document does not answer, ask your surgeon or the healthcare team.

How does a wrist fracture happen?

Most wrist fractures happen when a child falls with their hand stretched out.



Wires

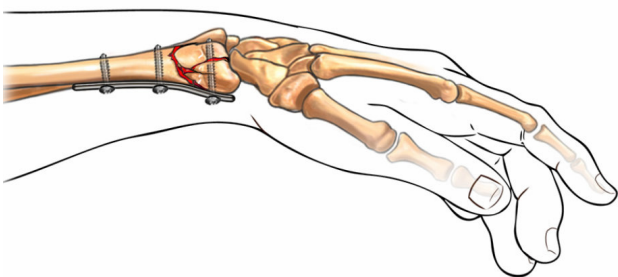


Plate and screws

A child's bones are still flexible so the damage may involve just a bend in a bone or a small crack. However, the damage can be more severe with the bone broken in one or more places.

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 child's wrist to get back to normal.

Are there any alternatives to surgery?

Some wrist fractures heal well in a cast. Even if the bones heal with a mild bend, it is possible that the bones will straighten as your child grows. This depends on the age of your child and how out of place the bones are. The more out of place the bones are, the more likely it is that your surgeon will recommend an operation.

What will happen if I decide that my child will not have the operation?

Your child's wrist will be put in a cast. If the bones do not heal in a good enough position, your child is more likely to have some stiffness in their wrist or forearm and problems using their wrist in the future.

If your child's wrist does not straighten as they grow, your surgeon may recommend an operation later on to reset the bones.

What does the operation involve?

The healthcare team will carry out a number of checks to make sure your child has the operation they came in for and on the correct side.

You can help by confirming to your surgeon and the healthcare team your child's name and the operation they are having. The operation is performed under a general anaesthetic. Your child may be given antibiotics during the operation to reduce the risk of infection.

There are several ways of treating your child's broken wrist. Your surgeon will manipulate the bones into a good position. They will decide if a cast is enough to hold the bones in place.

Your surgeon may need to hold the bones in place with wires inserted through the skin. Sometimes they may need to make a cut on the skin to fix a metal plate to the bone with screws.

Your surgeon will discuss which option is likely to be best for your child. They will close any cuts on the skin with stitches and place a cast on your child's wrist.

What can I do to help make my child's operation a success?

Your child can reduce their risk of infection in a surgical wound.

- Your child should have a bath or shower either the day before or on the day of their operation. If your child has a temporary cast, you must keep the cast dry.
- Your child should keep warm around the time of the operation. Let the healthcare team know if your child feels cold.

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 your child.

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. You must keep the cast dry. Let the healthcare team know if your child gets a high temperature, you notice pus in their wound, or if their wound becomes red, sore or painful. An infection usually settles with antibiotics but your child may need special dressings and their wound may take some time to heal. In some cases another operation might be needed. Do not give your child antibiotics unless you are told they 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 the doctor know if your child has any allergies or if they have reacted

to any medication, tests or dressings in the past.

Specific complications of this operation

- Damage to nerves, leading to a patch of numb skin or a tender scar (risk: 1 in 100). This usually gets better but may be permanent.
- Infection of the bone caused by an infection around a wire or plate (risk: 1 in 100). Your child will need a course of antibiotics or another operation.
- The bones move out of position. Your child will have an x-ray after about a week to check the position of the bones. Sometimes the bones have moved enough out of place for your surgeon to recommend another operation (risk: less than 1 in 5 if your child had only a manipulation).
- Infection around a wire (risk: 1 in 20). This usually settles when the wire is removed.
- Stiffness in your child's wrist or a change in the rate of growth of the bone (risk: 1 in 15). This can happen if the fracture involved the growing part of the bone.

Consequences of this procedure

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

How soon will my child recover?

In hospital

After the operation your child will be transferred to the recovery area and then to the ward. They should be able to go home the same day or the day after. However, your doctor may recommend that your child stays 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

Your child should recover quickly and be back to normal within a few days.

You must keep the cast dry to reduce the risk of infection and the bones moving out of place.

It is usual for children to return to school after 2 to 7 days.

Your child should keep their hand raised for a few days so that the swelling settles. It is important to encourage them to move their fingers to help reduce any stiffness.

Most fractures heal in about a month and then the cast is removed. Your doctor will advise you on how much longer you should keep your child from doing activities such as contact sports, climbing on play equipment and riding a bicycle.

If your surgeon used wires, they will usually be removed at the same time as the cast. This procedure does not need another anaesthetic unless the wires have become buried in the skin.

The future

Most children make a good recovery and are able to return to normal activities.

If your child had a metal plate fixed to the bone, your doctor may recommend another operation to remove it. This is performed up to a year later and your child will need some time off their usual activities while the bone strengthens.

If the fracture involved the growing part of a bone, your child may get some stiffness in their wrist and a change in the rate of growth of the bone (risk: 1 in 15).

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 for your child. Knowing about them will also help you to help the healthcare team 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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