

## *Orthopaedic Connection*

### **Farther Into The Wrist Fracture Maze**

#### *Transforming patient information into patient understanding.*

Now that you know that all wrist fractures are not the same and you know all about wrist anatomy I will go forward.

#### **Trauma Evaluation**

The two most important aspects of our work are pain and function. I have pointed that out before, but it's good to restate it. My job is to get you back to all the stuff you did before injury and for you to be comfortable doing those activities.

I have to know exactly what has been injured and to what degree. Sometimes it is completely obvious i.e. what has been injured and what I have to do to fix it.

In other situations the injury (fracture) can be very complex and there can be different treatment options. The more experience one has in handling these complicated cases the better the outcome will be.

Most injuries can be evaluated by a careful exam followed by good plain x-rays in several different views of the wrist.

If the fracture has entered the wrist joint itself and broken into the joint surface that often can spell trouble. It is very important to recognize that and inform the patient and family. A CT scan is needed at times to determine the severity of injury particularly if there are several pieces of bone in the fractures. The CT scan can give a better picture of where all the pieces are to go to put "humpty dumpty" back together again.

MRI is not used too much to evaluate acute fractures. Once I have the puzzle figured out, I decide what direction treatment should take.

#### **Closed Treatment or Open Treatment (Surgery)?**

The primary goal in all wrist fractures is to have a stable, properly aligned fracture that will stay that way as healing progresses.

#### **Closed Treatment**

Many wrist fractures of the radius, ulna and even the eight carpal bones are in a good position to begin with.

Those are the ones we all like to see because they can be casted in the emergency room or the office. They do not require setting or reduction (manipulation) because the position is already acceptable for healing. Yeah.

Some fractures are displaced or mal-aligned and need to be improved. Patients realize this when they see the frown on my face. The fracture needs to be reduced or "set" as patients refer to it. This requires some form of anesthesia more than a pill or pain shot in my experience. There are several ways to do this which often involves the anesthesia doctor.

If my patient is completely comfortable, which the anesthesia doctor provides then I can do what I need to do. Once the wrist fracture is shown on x-ray to be in good position after the bone is set I can apply the cast which often goes above the elbow.

Patient wakes up, goes home in a few hours and I'll see you in the office. That is what all my fracture patients and I hope for.

#### **Open Treatment**

If closed treatment cannot achieve a stable good position of the fracture I can't leave it like that because it is a bad result waiting to happen. Treatment will require some type of surgery to meet our goal.

An unstable fracture that will slip back out of position needs to be operated upon. There are several forms of treatment that I can mention, but won't describe in detail as it is beyond our discussion.

- Pins
- Plates and screws
- A gently curved rod and screws
- An external fixation device attached to bone above and below the wrist with screws.

It's not the end of the world if you have to have open treatment, but it is a lot more complicated. I plan to lead you out of this complicated maze next week to complete your short course on wrist fractures which you never knew were so darn complicated!

See you then.

*My patients put their trust in me and what I do improves the quality of their lives.*

### **Office Website and Gratiot County Herald Archive**

Wow! Your window to the Orthopaedic and musculoskeletal world opens at [www.orthopodsurgeon.com](http://www.orthopodsurgeon.com). It contains the Website Library of information, Your Orthopaedic Connection and GCH archive of all previous articles.

You will be amazed at all the helpful information it contains.

All of the information pertains to everything I treat in the office and hospital.

Be well.

Dr. Haverbush