

Orthopaedic Connection

Leaving The Wrist Fracture Maze

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Transforming patient information into patient understanding.

I finished last week's class as the bell rang talking about open treatment (surgery) for wrist fractures. It gets quite complicated, but I did mention some of the ways I might use to stabilize these difficult fractures.

“Compound Fractures”

I don't want you to confuse the term open treatment of fractures with the term “compound fracture” in this case of the wrist, but “compound fracture” can be applied to any fracture. A compound fracture occurs when the skin and tissue over the bone is torn in some way exposing the bone underneath to the outside. Very bad situation because bacteria contaminates the wound and the bone. Dang, you (and I) have two big problems. A broken bone, often the wrist out of alignment and contaminated by bacteria.

Most of the time I would take a fracture of this type to surgery to thoroughly clean the wound, replace the bone under the skin and begin antibiotic treatment.

Fortunately most fractures I see are not “compound”, but they are very serious and must be treated carefully.

Individualize treatment

Treatment is not cookbook because there are a variety of different wrist fractures and the patients are all different from children to very old. Often the choice between non surgical treatment and surgery is not clear.

Often the decision depends on:

- A person's overall health
- Your occupation
- Your activity level
- If you are older, can you withstand surgery and anesthesia

The Goal

Whether treatment is open or closed the goal is to restore the broken wrist to its previous function and to be as pain free as possible. Depending on the particular fracture it may not be possible to have a completely normal range of motion of the wrist and fingers. The wrist may have a little different appearance especially in older patients. I always try to keep patients informed about how I think healing is progressing.

How Long, Doc?

The question always comes up and the answer is not always the same. Full healing can vary greatly depending on the fracture severity, age complications, etc. Patients always start out with the preconceived idea a fracture will heal in 6 – 8 weeks. Well, maybe, but it can take a lot longer. That is just for the bone! Tissues become stiff, muscles atrophy – oh my. For the wrist to recover as fully as it can may take months and even up to a year.

Physical Therapy is needed sometimes to restore function. I make that decision on a case by case basis. Older patients naturally need PT/OT more often than my younger patients. Physical Therapy/Occupational Therapy can be invaluable in getting the wrist to improve to be the best it can be.

It's probably best not to break your wrist, but if you do help is available! End of the wrist course.

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

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You get the Office Website and Library, Your Orthopaedic Connection and GCH archive of every article I have written for you.

Good health. Good life. All the best to you.

Be well.

Dr. Haverbush