

# Argus Orthopaedic Zone

## Hand and Wrist Trauma Fractures, Tendon and Nerve Damage – Ouch!

By Thomas J. Haverbush, M.D.  
Orthopaedic Surgeon

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

A lot of my work has to do with injuries and the hand and wrist are near the top of the list. I have seen almost anything you can imagine since they are so vulnerable and at the center of most of our human activities.

My intention is not to regale you with all the various things that can happen to the hand. We don't have enough space for that.

If people ever stop punching walls and each other I will have more spare time. If they stop selling snow blowers and power saws the office might start to look like the place of the Maytag repairman! Being facetious, yes, a little but not entirely. People do the darnedest things to injure themselves that they probably will continue to do long after all of us are gone. Human nature I guess.

### **Fractures**

Fractures of any of the 27 hand and wrist bones are hard to treat because the bones are small and wrapped in tendons, ligaments and little muscles that are also injured when the bone is broken. (Break = fracture, same thing). Mostly the degree of injury to the tissues is harder to estimate than the fractures.

Then when the bone heals, whether surgery was needed or not, there can be stiffness and loss of function of the fingers and/or wrist.

"Doc, when will I be 100%?" It's rarely possible to be back to normal and I try very hard to help my patients and families realize this.

### **Tendons**

If you have to cut one (or more) tendons try real hard to make it on the top of the hand, not on the palm side. Why? Because injuries to the flexor tendons on the palm side are a lot harder to repair, it is more difficult to obtain full movement after injury and surgery. Top side or extensor tendons are a lot easier for the surgeon (me!) to fix and recovery is easier for the patient too. So remember. . .

### **Amputations**

We really try to save everything we can, but sometimes due to severe crushing and tissue damage the finger(s) can't be saved. A word about reattachment. It is rarely possible unless there is a sharp (not crushing) amputation of the finger high up by the knuckle. Unfortunately this rarely happens. Typically a family will bring in a portion of a finger severely damaged by a saw hoping it can be reattached. It is absolutely impossible to reattach it and have it work due to all the tissue damage.

### **Nerves**

Nerves are often injured in the fingers and thumb and we can almost always repair them if not too much of the nerve has been lost. It can take months though to see how much feeling can return after the nerve is sewn back together.

### **Wrist Fractures**

They come in all shapes and sizes. Many can be set (reduced) and casted and others may require surgery to insert metal to hold the fracture still for healing. Pins, screws, and plates are used at times to stabilize fractures of the wrist. Again, I am trying to make it the best that it can be. Rarely back to normal (unless you are a growing child!).

### **Office Website and Argus Orthopaedic Archive**

I hope what you have read has raised questions. No problem!

Please log onto [www.orthopodsurgeon.com](http://www.orthopodsurgeon.com). It has a huge amount of musculoskeletal information in the Website and the Archive of all previous Argus articles.

Check it out and be amazed what you can learn.

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

Dr. Haverbush