

Argus Orthopaedic Zone

Fracture Principles, Part II

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Transforming patient information into patient understanding.

Last week I stopped at the place where I talked about the types of fractures I deal with in other words a classification. Shall we continue in our short course on fractures?

What Else Can It Be?

Infection in an area that can be confused, especially if there was an injury recently. I always have to be aware of that in my differential diagnosis, as doctors refer to it.

Also *tumors* while unusual can act like fractures with similar symptoms. To get more confusing, I see fractures happen at times through an area of weakness in a bone from a tumor or cyst. I have a saying that goes, “There is no law against having 2 things.” Tunnel vision is a handicap in Orthopaedic diagnosis!

Outcome Of Fractures

With any fracture no matter how it’s treated these are possible.

- Delayed union (very slow healing)
- Non-union (failure to heal)
- Healing with deformity at the fracture
- Infection in the bone (osteomyelitis) if it was an open fracture
- Shortening of the limb
- Associated muscle damage (atrophy)
- Associated nerve damage from the fracture
- Circulation impairment
- Chronic swelling in the limb or around the joint
- Stiffness of an affected joint
- Discomfort with weather change

Treatment Of Fractures

The goal of course is to achieve healing of the fracture (union). The process is an incredibly complicated series of steps the body takes to achieve healing. You have to have a Ph.D in medical physiology to really understand it. Since I don’t have that degree, I won’t even try to explain it!!

Besides healing, preserving function of affected joints is always my goal.

I spend as much time as I can helping my patients understand some of these aspects of fractures so the patient and family have a realistic expectation of how this mess (oops I mean fracture!) that they brought to me will turn out.

As I hope you can see, “back to normal, good as new, 100%” which are terms patients and families often use, are outcomes that are not always possible. I always try for that but. . . .

Reducing Or “Setting” A Fracture

To straighten a fracture or reduce it I always use an anesthetic for humane reasons, but also to have the patient's full cooperation. That way I can do the best job in reducing the fracture and applying the cast or splint.

The surgical treatment of fractures is a vast subject that I can't cover in an article of this type.

Some fractures, for example hip fractures are almost always operated and metal fixation is used to stabilize the fracture while it heals. The array of metal devices available to treat fractures is large and there are many choices and ways to do things.

A very good thing to remember is that all the metal is doing when I operate on a fracture, is holding the bone together. It is still the body itself that heals the fracture. I don't do that. The body or nature does it.

In Closing

Everyone knows that fractures heal faster in young people. Everyone should know that fractures are slow in healing in older people, diabetics and people who smoke.

If you are unfortunate enough to have a fracture I will do my best to get you through it one way or another. Be careful is my best advice!

Office Website and Argus Orthopaedic Archive

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

Please log onto 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