



**TUAN A. TRAN M.D., M.B.A, F.A.C.S.**

**Diplomate American Board of Plastic Surgery, Diplomate American Board of Surgery**

---

*General Surgery, Reconstructive Surgery, Aesthetic Surgery, Plastic and Hand Surgery*

## **Distal Radius Fracture Surgery**

### **Post-Operative Instruction**

#### **Dressing and Wound Care**

- A metal plate with screws or pins (hardware) is often used to stabilize a distal radius fracture. They keep the bones in place while they heal. Sometimes, pins or wires will be used.
- After surgery, you will be in a bulky dressing (bandage) with a plaster splint that goes from the hand to the middle of the forearm, with the fingers free. The splint protects the incision and the surgical repair as well as lessens swelling.
- The splint cannot be removed and must be kept dry. When showering or bathing, cover the splint and your hand with a plastic bag to keep everything dry.
- Elevate your hand above your heart as much as possible to lessen swelling and pain. Pillows and blankets under the arm are helpful when you go to sleep.

#### **Pain Management**

- Surgery to repair a fracture can be painful. You will receive a prescription for narcotic pain medicine.
- For the first 2-3 days, take the pain medication around the clock to stay on top of the pain control.
- After 3 days, take the medicine only as needed. If your pain is mild, you may take Tylenol (acetaminophen) instead. It is important to know that even with pain medication; you can still experience some degrees of pain.
- Be sure to talk with your pharmacist about how to take your pain medication. Taking the correct dose at the right time is very important.
- If you have uncomfortable side effects from the pain medicine, please call our office at 714-839-8000.

#### **Driving**

- Do not drive if you are taking narcotic pain medication. The medicine can make you sleepy and delay your reaction time.
- Once you are no longer taking the medicine, you may drive as soon as you can comfortably grip the steering wheel with both hands.
- It is generally best to avoid long drives until the initial dressing and plaster splint is removed.

#### **Activity Level**

- Move your fingers to help prevent stiffness. Try to bend (make a fist) and straighten your fingers 5 to 6 times a day.
- It is important to exercise your shoulders several times a day by lifting your arm overhead to minimize stiffness.
- Do not lift anything heavier than a cup of coffee or full soda can (about 1-2 lbs) until sutures have been removed.



**TUAN A. TRAN M.D., M.B.A, F.A.C.S.**

**Diplomate American Board of Plastic Surgery, Diplomate American Board of Surgery**

---

*General Surgery, Reconstructive Surgery, Aesthetic Surgery, Plastic and Hand Surgery*

- You can use your hand for light daily activities, such as eating, writing, typing, getting dressed, and brushing your teeth. However, pain and stiffness may make it hard to do these things for 2-4 weeks.

## **Follow-Up Plan**

At your pre-operative appointment, our office staff will schedule your follow-up appointment at 10-14 days after surgery. Your dressing and sutures will be removed then. At this visit, you will be placed into a removable brace or a full cast (if a complex surgery was performed) for the next 4 weeks.

## **Therapy**

- You will be referred to a hand therapist to start a range of motion exercises for your elbow, wrist, and fingers as well as exercises to decrease swelling and scarring. You will see a therapist once per week for 4 weeks.
- You will have an appointment for repeat X-rays 6 weeks after surgery. At this point, if X-rays show adequate healing, we will start you on a more vigorous hand therapy program.
- I recommend therapy visits 2-3 times per week at this time for 4-6 weeks.
- Do not do any weight-lifting or strengthening exercises without talking with your surgeon or occupational therapist.

## **Results**

- Most patients will be able to perform most daily living activities at about 6 weeks but with residual stiffness, with recovery of about 50% of their normal wrist motion.
- At about 3 months, most patients have regained most of their motion and strength in their hand and wrist. However, continued improvement can be expected for up to one year after surgery.
- Most patients recover well after surgical fixation of their distal radius fractures and are able to return to their pre-injury work and recreational activities. Some patients may lose some motion in their wrist (flexion and extension) as well as some residual forearm stiffness with limited rotation.
- Some patients choose to have their hardware (plate, screws, pins) removed 6 to 12 months after surgery because the hardware may become uncomfortable and cause irritation of the tendons in the hand. If you choose to have this surgery, it will be scheduled at your convenience. However, the plate and screws can stay in your wrist permanently and do not have to be removed.

## **Possible Problems/Emergency**

If you develop any symptoms such as fevers with temperature greater than 101.5 F, chills, persistent nausea and vomiting, inability to urinate, severe pain not controlled with medications, new or different colored drainage from your surgical incision, or for any acute problems or illnesses, please contact our office at 714-839-8000 between the hours of 9AM-6PM Monday-Thursday and 9AM-1PM on Friday; or you may reach us at 714-860-3588 after hours.

If you are unable to reach your surgeon or a member of his staff, go to the Emergency Room closest to you.

References: UW Medicine. (2020). *After your distal radius fracture surgery: Self-care and follow-up*. Retrieved from <https://orthop.washington.edu/sites/default/files/hand-center/Post-Surgery-Distal-Radius-Fracture-July-2013.pdf>