What is a distal radius fracture?

A distal radius fracture, also known as a broken wrist, is a relatively common injury accounting for 17% of all broken bones seen in the Emergency Room. It is often seen in older adults who have fallen from standing height. When these fractures occur in younger patients, they are associated with higher energy trauma such as motor vehicle accidents or falling from significant heights.

How do I know that my wrist is broken?

When you sustain any broken bone, pain is universally the predominant symptoms. Swelling around the involved wrist is another cardinal sign. An obvious deformity at your wrist area may be present, especially when compared to your uninjured side. Definitive diagnosis will be made by your physician with physical exam and radiographs (x-rays). Most of the time your skin is intact and uninjured. However, if there is any break in your skin, this may represent a more serious type of broken wrist known as an open fracture. If the open fracture is confirmed by your physician, then surgery is indicated.

What are the treatment options for my broken wrist?

Treatments for wrist fractures are complex. Treatment options must be addressed on a case-by-case basis and please be aware that different orthopaedists may have different opinions regarding an optimal treatment option for a given fracture. The general principles for treatment are restoration of the wrist joint and realignment of the broken bone. These goals can be achieved with or without surgery. Depending on the fracture type, your level of activity, and your associated medical condition, your physician may recommend different types of treatment options. Simple casting alone is an option for fractures that are nondisplaced or with minimal displacement. If the fracture is not in proper realignment, then your physician may recommend resetting the bones under light sedation or local anesthesia, followed by casting after the bone is properly realigned.

Tell me more about the surgical option.

The decision for surgery is made on an individual basis. The orthopaedic surgeon always works with patients and their families in deciding treatment options, especially one which involves surgery. Factors that influence a decision for surgery include the fracture type, your level of activity, bone quality, and your medical condition. Once surgery is decided, your orthopaedist may choose to place pins, screws, or metal plates to fix the broken pieces of bone in place. The orthopaedist may also elect to treat the fracture with an external fixator.

What are the risks of surgery?

Surgical risks vary among patients. In general, the risks include but are not limited to bleeding, infection (0.6%), nerve or vessel damage (1%), pain, scar, and anesthetic risks including perioperative heart or lung complications. In most cases these risks are low and the potential benefits of surgery outweigh the risks of the procedure. We have an excellent and experienced team of orthopedic surgeons, anesthesiologists, nurse anesthetists, and perioperative nurses who will strive to assure your optimal surgical experience and outcome.
What can I expect during healing?

If your injury is treated nonoperatively and with a cast, you may be asked to return to the clinic weekly for the first 2-3 weeks for follow-up radiographs. It is possible that the bone alignment may change during these visits and in these cases your wrist may need to be reset or surgery may be suggested. If the alignment is unchanged, you can expect to be casted for a period of 5-6 weeks. The casting and healing period is essentially the same for fractures that are treated with surgery. In most cases the patient is not casted for more than 2-3 weeks after surgery to allow early motion exercises. However, there will be cases which may require prolonged casting. The key message here is that your treatment will be individualized according to the fracture type and fracture stability, your bone quality, and your level of activity. Most, if not all, patients are referred to Physical Therapy to minimize stiffness and to optimize outcome.