



## Postoperative Instructions for Wrist Fracture Repair

**What to Expect During Surgery:** Operative treatment of wrist fractures generally occurs on an outpatient basis. Dr. Verheyden makes an incision and reduces the fracture as best as possible back to normal anatomic alignment. Hardware, usually a plate and screws, holds the alignment in place. Sutures close the incision, and a wrist splint protects the repair and allows for swelling. At your initial follow up visit, the postoperative dressing/plaster splint is removed and replaced with a removable splint.

**Pain Control:** Dr. Verheyden encourages strict ice, elevation, and finger range of motion exercises for the first 72 hours. Over the counter ibuprofen and/or Tylenol is often very effective and frequently controls the pain, especially if you adhere to a strict ice, elevation, and finger range of motion exercise program in the post-operative period. Take the ibuprofen and/or Tylenol with food and water. Dr. Verheyden typically gives a prescription for a few pain pills. Most patients take only a couple or no pain medications after this minor surgery. Wean from the narcotics as soon as possible and take the narcotic pain medications only as prescribed. As long as ice is not in direct contact with skin, place ice 24/7, or as much as you can, in the palm to decrease swelling and pain.

**Wounds:** The area around the skin incision may be tender. Do not attempt to examine the wound as covered by the splint. The discomfort should resolve and improve over the course of a couple of weeks. You may note bruising in your hand. This is common and will resolve. Ice, elevation, and finger exercises will decrease the bruising in the hand.

**Dressing:** Do not remove the dressing/splint and keep clean, dry, and intact.

**Bathing:** It is fine to shower or wash your hands after surgery if you keep your dressing clean, dry, and intact. After dressing removal, you may shower and wash the wound gently with soap and water. Do not soak your hand in water, hot tubs or pools until at least 24 hours after suture removal.

**Activity:** Encourage finger range of motion exercises immediately. This will help decrease swelling and discomfort. For the first 72 hours, keep your hand and wrist above the height of your heart to decrease postoperative swelling. Patients should have full finger range of motion at their two-week postoperative visit. No lifting, pushing, or pulling greater than 1-2 pounds with the affected arm for approximately 6 weeks. Keyboarding is fine. Again, Dr. Verheyden encourages aggressive ice, elevation, and finger exercises.

**Additionally:** After surgery, you should expect some pain, swelling, and stiffness. Most patients return to light work (computer/desk work) within a few days, but it may take 2-3 months or longer to return to more demanding work (labor, construction, etc.). Wrist fractures generally heal around 2 months. However, even though the fracture has healed, many patients will still have stiffness/weakness/mild pain that will continue to improve over 9 – 12 months. Physical or hand therapy is frequently prescribed. Patients with ulnar styloid fractures typically have a slower post-operative course, more discomfort, and take longer to recover wrist and forearm range of motion.

**Follow-up:** 10-14 days for suture removal and wound check.

**Precautions:** To minimize the risk of infection, Dr. Verheyden recommends absolutely no swimming, hot tubs, long hot showers or steam showers, doing dishes, wearing ski gloves or heavy plastic gloves until 24 hours after suture removal. Keep the wound clean and avoid heavy use. Contact the office immediately for severe pain, elevated temperature, or any sign of infection at 541-382-3344.