Wrist Fractures

Wrist fractures are common occurrences. Traditionally, they were treated with plaster, after realigning the fracture. Six weeks is usually enough. This works reasonable well most of the time, and success can reasonable be predicted if there is no pain and a new x-ray at twelve days shows good alignment.

Some groups have bad outcomes. People with osteoporosis often have the fracture collapse. This can cause chronic pain. Fractures into the joint if displaced are prone to post-traumatic osteoarthritis. Arthritis of the base of the thumb is worsened by a time in plaster.

Figure 1. This shows the fracture or break in the distal radius to be shortened (usually the tip of the radius is 10mm). An x-ray taken side on would show 30 degrees of deformity, which creates a substantial functional problem. In this straightforward case, there is a crack into the joint, and arthritis at the base of thumb.

Figure 2. Fracture internally fixed with DVR plate. Plaster is not required.

Internal fixation of the wrist with a modern locking plate re-aligns the fracture and maintains this position whilst the fracture heals over six weeks. Once the stitches have been removed, the hand can be used normally, although grip strength still takes 3 months to return to normal.
Early mobilisation and use of the hand improves independence, and improves the result of the wrist fracture. Less stiffness, a lower risk of chronic pain, and ensures an accelerated recovery.