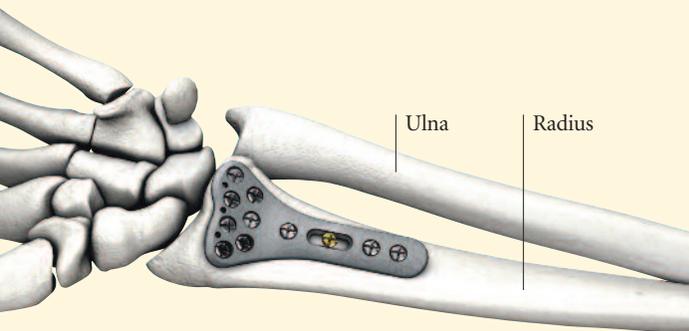


Your doctor has provided this pamphlet to answer some of the questions you may have about distal radius fracture of the wrist, how it is repaired, and what to expect during recovery and rehabilitation. It will also help you better understand why wrist implants are often used to hold the healing bone in the correct position and alignment.

What is a distal radius fracture?

The two bones in your forearm that end at the wrist are called the ulna (which is on the outside, or little-finger side, of the arm) and the radius (which is on the inside, or thumb side, of the arm). Although the radius is the larger of the two forearm bones, it is the most commonly broken bone in the arm. Doctors refer to a break in the radius closer to the wrist as a distal radius fracture. It is also referred to as a Colles fracture – named for the Irish surgeon who first wrote about it nearly 200 years ago.

Wrist fractures most often occur as the result of trauma or injury. Imagine trying to brace yourself from a bad fall with extended hands and you can see why this break is so common. Distal radius fractures may also be the result of other traumatic events, like automobile and motorcycle accidents, bicycle and skateboarding spills and various sports mishaps.



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What are the symptoms of a wrist fracture?

In most cases wrist fractures leave no doubt that you need immediate medical treatment. Wrist fractures typically cause immediate pain, swelling and tenderness. Your wrist may appear deformed or limp; the fractured end of the bone may have broken the skin.

With any wrist fracture, your doctor will want to know exactly how to classify the fracture in order to treat it properly. Your doctor will order X-rays to look for the location of the break or breaks, and may also order a CT scan to look more closely at the soft tissue (muscles and tendons) of the wrist joint. Although fractures often occur in otherwise healthy bones, there are tests to help determine if you have contributing issues that may have left you vulnerable to a break, like osteoporosis, a condition in which bones lose their density and strength. Your doctor may recommend a bone density test, which is especially important for people over 60 years old, as the risk of osteoporosis – and fracture – increases with age.



How is a wrist fracture treated?

The emergency room doctor may recommend different courses of action depending on the complexity of your break and other considerations. For simple breaks with little pain, you may be able to wait until the next day to see your doctor. In most cases, immediate treatment is necessary.

Brace yourself.

With some simple wrist fractures, a plaster cast may be the best choice for properly aligning a broken bone and giving it support while it heals. Initially, you may be required to wear a splint or brace until the swelling subsides and a cast can be applied. After about six weeks, your doctor will remove the cast and may prescribe a course of physical therapy to help restore the full mobility of your wrist.

Get support from the inside out.

With many more complex wrist fractures, the bone may be so severely misplaced that a cast would be inadequate. In order to ensure that you regain full function of your fractured wrist, surgery may be necessary to realign the broken bone. Your doctor may use a temporary or permanent aid to help secure the broken bone in proper position and alignment – either an external fixator, a metal device that is secured to the bone through the skin while remaining on the outside of the body, or implants, usually titanium or stainless steel plates, screws or pins that secure the bone on the inside of the body.

Today's advanced techniques and technology, matched with newer, sophisticated instruments, allow your doctor to repair your distal radius fracture with better precision. To secure your repair, Stryker Orthopaedics offers a range of internal and external fixation devices that are specifically designed to meet the needs of your injury, your anatomy and your doctor's preference.

Be sure to talk with your doctor about the best treatment option for you.



Rest up and manage the pain.

After surgery, your doctor will likely recommend that you keep the incision clean and dry. Your wrist may hurt a bit for a while, so this tried-and-true recommendation applies – get rest, apply ice to the affected area and elevate your wrist several times throughout the day. Your doctor may also prescribe or recommend the use of anti-inflammatory medications (like aspirin or ibuprofen) to reduce inflammation and pain.

Commit to feeling better.

Although full recovery from a wrist fracture and subsequent surgical repair may take several months, during that time your doctor will likely have started you on a program of gentle stretching and exercise, perhaps even a course of rehabilitative physical therapy. During physical therapy sessions, a trained therapist will teach you special exercises to help reduce your pain, increase your motion and improve your strength. Complete rehabilitation often depends on your commitment to following your doctor's recovery recommendations.

Your doctor can also help you determine how soon after surgery you can safely begin participating in activities that involve your wrist. Recovery from a broken wrist doesn't follow the same path for everyone. Most patients may resume low-impact activities, like swimming and walking, a month or two after surgery. For many patients full recovery requires at least a year, during that time activities increase while pain and stiffness decrease. For some patients, recovery takes longer. Talk with your doctor about setting your expectation for recovery. Together you can create a plan that works well for you and your lifestyle.