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# **Emergency Department Discharge Advice**



# Information

If you need this information in large print, easy read, on audiotape or in another language please call 0800 7838058 or email pals@dchft.nhs.uk

If you wish to obtain a list of the sources used to develop this information leaflet please call 0800 7838058 or e-mail patient.info@dchft.nhs.uk

Author: Nurse Practitioner Publication Date: 04/14 Review Date: 04/17

# Fractured Wrist (Colles' Type Fracture)

This information leaflet is only a guide to your treatment. If you would like to know more, please ask.

# What is the problem?

Your wrist is broken. There are various types of wrist fractures, the most common being a Colles' fracture. If your bones were in a good position or minimally displaced on the X-rays they should heal satisfactorily. However, if they were not in a good position you probably had it manipulated in the Emergency Department.

#### What does the treatment consist of?

A plaster cast is put on your wrist.

Your wrist should be less painful now that it is in a cast, however take painkillers as recommended where necessary.

# Looking after a plaster cast

Your wrist may need to be in plaster for approximately 6 weeks depending on the nature of the fracture.

#### You should:

- Elevate the limb for the first 3 days after the application of your plaster. You may need a sling for the first week after your injury. After that you must discard your sling and use your arm
- Keep all joints not enclosed in the plaster moving freely, especially the shoulder, elbow and the fingers

#### You should not:

- · Press on the plaster
- Get your plaster wet
- Cut or bang the plaster
- Put anything down inside your plaster
- Use anything to scratch under the plaster

#### **Exercises**

Remove your arm from the sling.

#### **Shoulder**

- Lift your arm out sideways and then high above your head 10 times
- Lift your arm forwards and then high above your head 10 times
- Put your hand behind your lower back slowly 10 times

#### **Elbow**

Bend your elbow as far as you can and then straighten it 10 times

#### **Fingers**

- Curl up all 4 fingers, bending them fully then straighten them right out 10 times
- Stretch your fingers out sideways so there is a gap between each one then press them together, squeeze and then relax – 10 times
- Touch the tip of your thumb to the tip of your first/index finger, squeeze and release. Repeat with each finger 10 times

### It is important to do these exercises for several reasons:

- To keep your joints as mobile as possible, that is, shoulder and fingers
- To maintain some strength of the muscles in your arm and hand
- To minimise painful swelling by improving the circulation

Doing these exercises will make things easier for you when the plaster is removed.

The shoulder and elbow exercises **must** be done at least 3 times a day.

The finger exercises should be done every hour.

# Go straight to the Emergency Department if:

- You have pins and needles or numbness in your fingers
- You cannot move your fingers
- Your fingers go blue or cold
- Your fingers become very swollen
- You have severe pain in your forearm, hand or wrist despite simple painkillers

# Contact the plaster technicians if:

- The plaster is uncomfortable, for example too tight, too loose or is rubbing.
- The plaster cracks or is broken
- The plaster becomes soft

# Follow-up in the fracture clinic

You will be given an appointment to come to the fracture clinic about 1 week after your injury. An X-ray will be taken to check that the bones are healing in their correct position.

## **Driving**

You should not drive with a plaster cast on your arm. If you were to have an accident your insurance company may not cover you. You should not drive until you have recovered good wrist movement. This may not be until 2-3 months after your injury. It is reasonable to return to driving once you have full functional wrist movement.

## **Osteoporosis**

Osteoporosis is a condition that causes weakening of the bones and can increase the risk of fractures. If your wrist fracture was a result of a simple fall the fracture clinic will refer you for further investigation. You and your GP can then decide if any treatment for this is necessary.