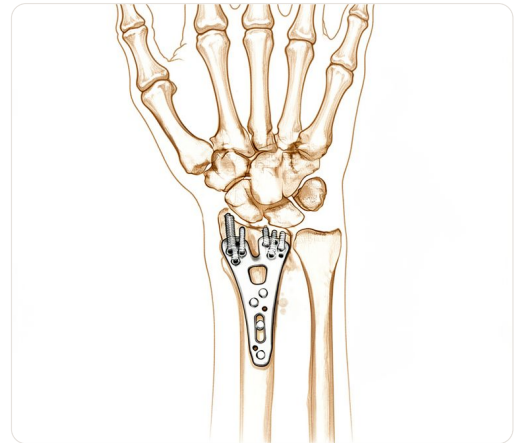


INFORMATION & CONSENT

Distal Radius ORIF

After open reduction and internal fixation, a plate with screws on the front of the radius holds the bone fragments in position while they heal.

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At-a-glance recovery. Pooled from 12 published studies — your own pace will vary.

LIGHT DUTIES desk work, driving, daily tasks	MOST EVERYDAY ACTIVITIES manual work, sport, gym	FINAL OUTCOME PLATEAU pain and strength
2-6 weeks Early mobilization is beneficial for function, with significant improvements in DASH scores observed by 6 weeks.	3-6 months Open reduction and internal fixation with a plate offers sustained functional recovery, with substantial improvements noted by 6 months.	12 months Functional recovery continues to improve over the first year, with sustained results observed at 12 months.

Why this operation has been suggested

Dr Kieran Hirpara, an upper-limb surgeon at Mater Private Hospital Rockhampton, matches the treatment to your specific injury. Patients are generally referred to our clinic by their GP; if a physiotherapist has suggested you see us, you will still need a referral from your GP in order to be eligible for the Medicare rebate. At your appointment we take a history, examine your wrist, and arrange imaging if it is needed. That assessment tells us whether the break is unstable or has moved into the joint, which is when surgery is usually advised.

The operation is called open reduction and internal fixation. In plain terms, it means the broken bone is put back into its normal position and held there with a small metal plate and screws. For most wrist fractures of this type, a plate on the palm side of the wrist is the usual method. Non-operative care, such as a cast or splint, is often tried first for less severe breaks. When the bone is unstable or has shifted, surgery may be recommended straight away, because a cast may not hold the pieces in place.

The aim is a wrist that heals in a good position, so you can move your hand and get back to your normal activities sooner.

Before the operation

On the day of your operation, you will need to stop eating and drinking seven hours before your operation time. We ask for seven hours rather than six so your operation can be brought forward if the theatre list runs early. Your surgeon will tell you which of your regular medicines to skip on the day, and which to take as usual. Bring a written list of everything you take, including tablets, drops and anything from the chemist. Arrange for someone to drive you home afterwards, as you will not be able to drive yourself. Wear loose, comfortable clothing with a sleeve that is easy to remove.

To plan the operation, we use X-rays taken from several angles. Sometimes a CT scan (a detailed X-ray) or an MRI scan (a scan that shows soft tissues such as ligaments) is needed as well. If you have other medical conditions, you may need blood tests or a review with the anaesthetist before the day.

On the day

You will arrive at the hospital's surgical admissions unit, where you are checked in and prepared for theatre. You will meet the anaesthetist there. This operation is done under general anaesthetic. You will be fully asleep for the operation. Some patients may also have a regional nerve block for post-operative pain relief; the anaesthetist decides on the day based on your individual circumstances.

You are then taken into the operating theatre, where the operation is performed. Afterwards you will wake up in the recovery area, where nurses monitor you while the anaesthetic wears off. Once you are stable, you will either go to a ward or go home, depending on the procedure and your recovery.

What the operation involves

The operation is done through a cut on the palm side of your wrist. Through this opening, your surgeon moves the broken pieces of bone back into their normal position. A small metal plate is then shaped to fit the bone and held in place with screws. The plate sits on the front of the wrist bone, where there is a layer of tissue between it and the tendons that work your thumb and fingers.

Sometimes the joint surface itself needs a closer look. In that case, your surgeon may use a thin instrument with a tiny camera to check inside the joint while the bone pieces are being lined up. This helps confirm the joint surface is smooth and even before the plate is fixed.

Once the bone is held firmly, your surgeon checks the position with X-rays taken during the operation. The wound is then closed with stitches, and a dressing is placed over the top.

The plate and screws stay in your wrist permanently. They hold the bone steady while it heals, like an internal splint. In some fractures, extra support is needed. If the bone is broken into several pieces, your surgeon may add a second plate on the back of the wrist, or use a bone graft to fill gaps and help the bone knit together.

You will go home with the dressing intact. We ask you to keep it dry and leave it in place for about 10 days, when you will see us again to have the wound checked.

After the operation

When you wake up, you will be in the recovery ward, where nurses keep a close eye on you as the anaesthetic wears off. Your wrist will be wrapped in a soft dressing, and we will give you pain relief to keep you comfortable. You can usually get up and move around soon after, and someone from the nursing team will help you the first time. Because the anaesthetic can make you unsteady for a while, please have someone stay with you for the first 24 hours after you go home. Most patients stay one night in hospital after this operation, though some are able to go home the same day. We leave the dressing on for about 10 days; please do not take it off before then unless we tell you to. We change or remove it when we see you.

Recovery

For the first few days your wrist will be sore and swollen, and this is normal. Rest, keeping your hand raised on pillows, and the pain relief we give you will ease the discomfort. The swelling usually settles over the following weeks, though it can take a while to go down completely.

You will go home with a soft dressing rather than a cast, so most people find everyday life easier than they expected. You can get up and move around straight away, and you can use your other hand for dressing, eating and washing. Keep the dressing dry. Hand therapy is an important part of your recovery: you will see Ruby Doolan at Extend Rehabilitation, our hand therapist, who will guide your exercises and make a splint for you if you need one. Moving your fingers early helps stiffness and supports healing.

As the weeks pass, you will notice the swelling easing and movement returning. Your therapist will show you exercises to build up your grip and get your wrist bending again. You can do light activities at home once you feel steady, but avoid lifting anything heavy or putting weight through your wrist until we tell you it is safe. You will not drive while your wrist is healing; once the dressing is off and your surgeon has cleared you, driving can resume, and our page on driving after upper-limb surgery explains more.

Everyone heals at their own pace, so your timeline may differ. We will see you along the way and guide you through each stage.

What can go wrong

Most patients do well, but problems can occasionally happen. Your surgeon and the team monitor you closely to spot any issue early.

Sometimes the metal plate or screws cause irritation. You might feel a sharp ridge under the skin, or a rubbing sensation when you move your wrist. If this bothers you, bring it up at your next review.

The tendon that straightens your thumb can occasionally fray and snap. You would notice this suddenly: you cannot lift your thumb up straight, and the back of the thumb feels slack. This usually happens around 3 months after the operation, sometimes without any warning pain. If your thumb stops working in this way, contact the clinic promptly.

The nerve that gives feeling to your thumb, index and middle fingers can become irritated. You might notice tingling, pins and needles, or patches of numbness in those fingers. Mild symptoms are common and often settle. Mention any numbness that is not improving at your review appointment.

Infection in the wound is uncommon but needs quick attention. Watch for a deep, throbbing pain that does not ease with simple painkillers, redness spreading out from the wound, warmth, or fluid leaking through the dressing. If you see any of these, call the clinic straight away, or go to the emergency department if it is after hours.

Occasionally the bone shifts before it has healed, or the healing is slow. You might feel a fresh grinding or clunking in the wrist, increasing pain, or the wrist giving way. Tell us at your review so we can check the position with an X-ray.

Some wrists stay stiff or tender after healing. You may find turning your hand, bending the wrist back, or gripping harder than expected. Hand therapy and the exercises your therapist gives you are the main treatment for this.

Smoking and nicotine in any form, including patches and gum, raise the chance of several of these problems, including wound infection, slow healing and further surgery. It is worth stopping before your operation if you can.

The complications table on this page lists typical rates if you want the specifics.

When to call us

Most problems give warning signs. Call us if you have a fever, or the wound becomes more red, warm or leaks fluid. Call us if pain keeps getting worse despite simple painkillers. Go to emergency if you notice calf swelling or pain, or sudden shortness of breath, as these can signal a blood clot. Go to emergency if your fingers go numb and stay that way, or you cannot move them at all. If your thumb stops lifting straight, contact the clinic promptly. When in doubt, call us.

Where to read more about the condition

This page is about the operation itself. The condition it treats, including what the evidence shows about when surgery helps and when it does not, is covered in more detail on the [Distal Radius Fracture](#) page.

Distal Radius ORIF

Complication rates from published literature

Pooled from 12 published studies. These are population-level rates, not your individual risk — your surgeon will discuss what applies to you.

COMPLICATION	REPORTED RATE	NOTES
stiffness	10-20%	Wrist stiffness common early; improves with therapy over 3-6 months.
hardware sensitivity	5-10%	Prominent plate causing tendon irritation or discomfort.
hardware removal	2.7-27.8%	Rates vary significantly by technique; radial column plating has a 28% chance of requiring removal, while volar locking plate fixation shows 2.7%.
wound-related problems	2.2%	Specific wound-related issues reported in a large retrospective study of 822 patients.
fracture re-displacement	2-5%	Loss of reduction requiring re-operation.
carpal tunnel syndrome	1.9%	Reported as a specific complication in a retrospective study of 822 patients.
tendon irritation	1.7%	Reported as a specific complication in a retrospective study of 822 patients.
flexor tendon rupture	0.9%	Reported in a case series using a large tenaculum clamp for reduction.
infection	0.0-12.3%	Overall complication rates for volar locking plate fixation include 4.8% major and 7.5% minor complications, with infection being a subset.
implant loosening	Rare	Pooled results showed early mobilization may be associated with a higher proportion of implant loosening than late mobilization.
worsening ulnar variance	Rare	Associated with placing distal row screws >3mm from subchondral bone in comminuted intra-articular fractures.
plate migration	Rare	Rare case of proximal plate migration reported in pediatric distal radius fractures.

I have read this information and have had the opportunity to ask Dr Hirpara questions about the procedure, its expected recovery, and the complications listed above.

_____	_____	_____
PATIENT – PRINT NAME	SIGNATURE	DATE