

Scaphoid Fixation

The scaphoid bone, sitting at the base of the thumb, is the most commonly fractured carpal bone.

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At-a-glance recovery. Pooled from 11 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 mobilisation is encouraged if adequate fixation is achieved, allowing for light activities within 2 to 6 weeks.	3-6 months Return to full strength and manual work typically occurs over several months as the fracture heals and function is restored.	12 months Maximum improvement in function and strength is typically noted within the first post-operative year.

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. The scaphoid is a small bone near the base of your thumb, on the thumb side of your wrist. Scaphoid fixation means holding the broken bone still with a small screw so it can heal. We usually suggest it when the break has shifted out of place, or when the bone is slow to heal or has failed to heal at all.

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 the clinic visit we take a history, examine your wrist and arrange scans if they are needed. A cast is often tried first for breaks that have not shifted. Surgery may be recommended straight away for some injuries, and it is also considered when a cast has not given enough healing. The aim is a wrist that heals well, moves well and bears load without pain.

Before the operation

In the days before surgery we confirm the plan with you and check which scans are needed. Most people will already have had X-rays, and some will need an MRI or ultrasound scan so we can see the break clearly before we operate. You will be given instructions about fasting: no food or drink for seven hours before your operation time. We ask for seven hours rather than a shorter period so that we can bring you forward if the theatre list runs early. Some medications may need to be paused, and we will tell you which ones and when. Bring a list of everything you take. Arrange a lift home, as you will not be able to drive yourself. Wear loose, comfortable clothing. If you have other medical conditions, you may need blood tests or a review with the anaesthetist.

On the day

You come to the hospital's surgical admissions unit, where you are checked in and prepared for theatre. You meet the anaesthetist, who reviews your health and answers any last questions. 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.

You wake up in the recovery area, where nurses watch over you while the anaesthetic wears off. Your wrist may be supported, and you may feel some discomfort as the numbness settles. Once you are stable, you either go to a ward or go home the same day, depending on the procedure and how your recovery is going. Because you have had a general anaesthetic, you will need your arranged lift home and should rest for the remainder of the day.

What the operation involves

There are two ways we can reach the broken bone, and we choose the one that suits your fracture. For a break that has not shifted out of place, we can use a percutaneous approach. This means the screw is passed through the skin without a formal cut. For a break where the pieces need to be seen and moved back into line, or where a bone graft is being added, we make a single cut over the wrist and work through that.

Once we can see the bone, we hold the fracture with a screw passed down the length of the scaphoid. The screw squeezes the broken pieces together so they cannot move while they heal. Where the break is old, has not healed, or has lost bone, we add a bone graft to fill the gap and encourage healing. Where the blood supply to the broken piece is poor, we can use a vascularised bone graft instead. This is a small piece of bone moved with its own blood vessels still attached, so it brings a fresh blood supply with it. We choose between these options based on what your scans show.

We close the wound with stitches. You will have a dressing over the wrist, and we ask you to leave it in place for about 10 days.

After the operation

Most patients stay one night in hospital after this operation, though some are able to go home the same day. You will wake up in the recovery ward, where nurses keep an eye on you while the anaesthetic wears off. Your wrist will be supported in a splint or cast, and there will be a dressing over the wound. Pain is usually manageable with simple measures, and we will make sure you are comfortable before you leave. You can move around as soon as you feel able, though take it gently for the first day or two. Please arrange for someone to stay with you for the first 24 hours after you get home. 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 may be swollen. Simple pain relief and rest usually settle this. Keeping your hand raised when you are sitting or lying down helps the swelling go down. The discomfort eases steadily as the days pass.

Your wrist will be in a splint or cast, so you will need help with some daily tasks at first. Dressing, cooking and carrying things with one hand take a little planning. You can move around the house as soon as you feel able, though take it gently for the first day or two. Once the dressing comes off at your review, your hand therapist Ruby Doolan at Extend Rehabilitation will guide your exercises and fit any splint you need. Hand therapy helps your wrist regain movement and grip strength as the bone heals.

You will not drive while the cast is on. Once the cast is removed and your surgeon clears you, you can read more on our page about driving after upper-limb surgery. You can return to work and other activities as your wrist allows, building up gradually. Heavier tasks and sport come back once the bone has healed and your grip feels strong without pain.

Everyone heals at a different pace, and your timeline may differ from what we describe. Your surgeon and your therapist will guide you at each review, and will let you know when it is safe to do more.

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.

The main thing we watch for is the bone failing to heal, or healing much more slowly than expected. You might notice a deep, aching pain in the wrist that does not settle the way a healing break usually does, or tenderness in the same spot near the base of your thumb. Some people feel a grinding sensation when they move the wrist or put weight through the hand. If the bone has not joined after a reasonable time, we will see it on your scans and talk through the next steps with you. A break that is not treated for four weeks or longer is harder to heal, and breaks near the end of the bone closest to the forearm are the hardest of all. This is why we ask you to come in promptly if you injure your wrist, and why we keep a close eye on how your healing is progressing.

If you have surgery for a bone that failed to heal, we may use a graft with its own blood supply to bring fresh blood to the area. Problems from this type of graft are uncommon. The main one worth knowing about is a patch of numbness or pins and needles on the back of the thumb side of the wrist, which in most cases is temporary. If you notice this, mention it at your next review.

If the bone cannot be saved, some people go on to have the broken pieces removed and the remaining wrist bones joined together. This settles pain for many people, and the result holds up over many years rather than wearing off.

If you notice pain that is getting worse rather than better, new swelling, or a wrist that will not bear load, contact our clinic rather than waiting for your next appointment. The complications table on this page lists typical rates if you want the specifics.

When to call us

Call us if your pain is getting worse instead of better, or if new swelling will not settle. Call us if you notice redness, warmth or discharge around the wound, or if you feel feverish. Call us if your fingers or thumb become numb, tingly or pale, or if you cannot move them. Go to emergency if you have sudden severe pain, calf swelling or pain, or shortness of breath. If your cast feels too tight, or your wrist pain does not ease the way a healing break usually should, contact our clinic rather than waiting for your next appointment.

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 [Scaphoid Fracture](#) page.

COMPLICATIONS & CONSENT

Scaphoid Fixation

Complication rates from published literature

Pooled from 11 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%	Loss of wrist flexion and grip strength; improves with therapy.
nonunion	5-10%	Failure to heal despite fixation; risk higher with delayed presentation, proximal pole fractures, and smoking.
hardware prominence	5-10%	Prominent headless screw requiring removal.
posttraumatic arthritis	5-15%	SNAC wrist arthritis may develop, particularly with delayed treatment or nonunion.
avascular necrosis	3-10%	Loss of blood supply to the proximal pole; may lead to collapse and arthritis.
infection	Rare	Superficial wound infection.
nerve injury	Rare	Superficial radial nerve branch injury causing dorsal hand numbness.
tendon injury	Rare	Extensor tendon irritation from screw prominence.

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