



Distal Radius ORIF Information

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WHAT IS A DISTAL RADIUS ORIF?

- Putting your displaced, unstable broken wrist back in its normal anatomic position using metal plates and screws so this it may heal in the right position.

GENERAL PROCEDURE INFORMATION:

- This is an outpatient procedure meaning you will go home the day of the surgery.
- During the surgery, an incision is made on the volar aspect of the wrist (palm side) and the fracture is reduced and put back together with hardware.
 - This hardware is typically left in permanently.
- Sometimes the fracture is held together with pins that will be removed at 4-6 weeks.

PRE-OPERATIVE APPOINTMENT:

- We will explain your surgery, have you sign our in-office consent forms, give you your surgery time (time to be at the hospital/surgery time is variable and subject to change), answer any final questions, review your health history, and give you your post-operative medications.
- In some instances, the hospital also requires a pre-operative visit. We will try to coordinate these appointments so you can go straight from out office to the hospital if needed.
- We do not require a pre-operative hibiclens scrub.
- All patients will receive a dose of antibiotics through their IV prior to the procedure but no oral antibiotics are needed before or after the procedure.

POST-OPERATIVE MEDICATIONS:

- We will provide you with prescriptions for pain medication (i.e. Tylenol, Ibuprofen, Norco, Oxycodone, etc.) and anti-nausea medication (i.e. Phenergan, Zofran, ect.) so that you can pick these up prior to your procedure in efforts to make your day of surgery less involved.
 - Tylenol (Acetaminophen) 500 mg every six (6) hours.
 - Motrin/Advil (Ibuprofen) 200-800 mg ever six (6) hours.
- Alternating these two (2) medications often works better to improve discomfort then taking just one or the other. For example:
 - Taking 500 mg of Tylenol in the morning, then 200-800 mg of Motrin/Advil in the afternoon, and 500 mg of Tylenol again in the evening.
- If you have allergies to certain medications, know that certain medications do or do not work, get really nauseated with surgery and/or pain medication make sure to let us know this.
- We **cannot** call in pain medication after hours or on weekends. It is your responsibility to let us know if your pain is not adequately controlled with the regimen given or if you need a refill in an ample amount of time for us to get this sent to the pharmacy during business hours and before the weekend. Our on-call service is available for suggestions but not to call in additional or different pain medications.
- Federal regulations only allow us to provide you with a 10-day supply of pain medication. We are only in clinic on Mondays, Wednesday, and Fridays (half day). You MUST plan accordingly.
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- All pain medication and anti-nausea medications are as needed. Do not take more than what is prescribed unless specifically instructed by a TMI provider.
- Ice is also a fantastic pain reliever. We recommend keeping ice on your operative shoulder as much as you can tolerate. We no longer require ice machines for the surgery as they are expensive and not covered by insurance. If you have one available or request one a prescription can, be provided.

WHAT TO WEAR TO SURGERY:

- Something loose and comfortable should be available to wear after the surgery (i.e. loose shirt, tank top)
- All street clothes will be removed, and you will be placed in a surgical gown for the procedure.

BRACE AND WEIGHT-BEARING:

- When you wake up from the procedure you will in a surgical splint - This looks like a cast wrapped in an ace bandage.
- We do not want you bearing any weight on your operative arm.
- A sling may be worn for comfort especially if you received a pain block.

DRESSINGS AND WOUND CARE:

- The surgical splint is to be left on and kept dry until your first post-operative appointment (i.e. you need to cover it with a bag for showering).
- If the splint feels constricting or too tight (i.e. your fingers are really swollen, throbbing) you may unwrap the outer ace wrap and rewrap it looser.
- We will take down the bulky splint at your first post-operative appointment and we will remove the sutures at your first appointment.
- Once the bulky dressing is off, you may shower and let water run over the incision, but do not scrub this area or use soap over this area. After you shower, you may use a towel to gently dry the area.
- You do not need to replace any dressing or apply any lotions or ointments.
- We do not want you submerging your incision for the first 3 weeks (i.e. no bath tubs, pools, hot tubs, lakes, etc.)
- We will place you in a Velcro wrist splint at your first post-operative appointment

EXERCISES AND PHYSICAL THERAPY:

- Immediately following the surgery, we encourage you to start moving your fingers and thumb. This will help delay stiffness that will happen, decrease your swelling, and help with pain.
- At your first post-op appointment, we will place you in a custom wrist splint that is to be worn like a cast (all day wear even sleeping) except for showering and to perform range of motion exercises that we will demonstrate for you.
- Prior to surgery we will order formal occupational therapy. Range of motion exercises are to be done slowly and gently.
- Not everyone needs formal physical/occupational therapy 8-12 weeks after this surgery but sometimes it is warranted.



WHAT WILL MY ARM LOOK LIKE AFTER SURGERY?

- It is not abnormal to experience what you think to be an excessive amount of swelling after this surgery. When you do not move a joint, everything lower than that joint will swell such as your hand and fingers. You can loosen the outer bandage, and this will help. Also try ice, elevation, and NSAIDs. Hand and finger range of motion is also recommended.
- Once we start range of motion exercises of the wrist this will significantly help with the swelling.

RECOVERY PROCESS/RESTRICTIONS:

- The expected recovery is 3-4 months depending on how you progress with your motion, your healing on x-rays, and your compliance to our protocol.
- We do not want you running, jumping, or playing contact sports until we release you to do so.

POST-OPERATIVE APPOINTMENTS:

- We like to see you in the office to check your incisions, monitor your progress, and remove some of your restrictions.
- Typical follow-ups are at 2 weeks, 6 weeks, and 3 months (these are rough estimates and are subject to change depending on how you are progressing and what work you had done. Sometimes we see you more often).
- We typically do x-rays at every appointment.

WHEN TO CALL THE OFFICE:

- Of course, if you ever have a question about what you can or cannot do.
- If you are going to an outside occupational therapist, they can call with questions about your protocol on your behalf.
- If your incisions start to look questionable (i.e. redness, drainage, new swelling, new bruising)
- If you re injure your wrist in any way. The biggest culprit is falling. Life happens and we understand that, but we need to know about it if it does.