

Frequently Asked Post-Op Questions: Open Reduction Internal Fixation (ORIF) Distal Radius Fractures

My surgery is done, now what do I need to do?

For 10-14 days after surgery, you will wear a hard splint that stays on until your first post-op appointment. Your fingers and elbow are free to move. Showering with a bag taped at the forearm over the bandages will keep everything dry and clean. At your first post-op appointment, you will have repeat x-rays and your sutures will be removed by nursing staff or physician assistant. At this point in time, you will be transitioned to a removable brace and can shower and perform gentle range of motion exercises with lifting restricted to less than a pound without heavy lifting, pushing, or pulling with the surgical arm. Sometimes at the first postoperative appointment, you may be placed back in a cast for 3-4 weeks if the fracture is severe, or the bone quality is less than ideal to allow early motion. You will have another follow up at around 6 weeks after surgery where repeat x-rays will be obtained and your motion checked. You will continue to have a 1-2lb restriction and if motion is still an issue, you may be scheduled for occupational therapy. At the 10-12 week mark you will have one last set of x-rays and likely be released with unrestricted activity.

When can I go back to work?

It all depends on your type of work, hand dominance, and your comfort/pain level. Everyone is unique in their demands and pain response after a surgery. You can return to work 5-7 days after surgery if your work demands are low and no lifting is involved, and your pain allows it. If your job requires a lot of manual labor, heavy use of the surgical wrist will be restricted for up to 10-12 weeks sometimes. In this case it is recommended to either take time off or return to work with light duty/clerical work only and a 1-2 lb weight restriction until the fracture is well healed. Your surgeon will give you an individual plan to resume work. The above information tends to be a general overview of what goes into that decision.

What can I do for my pain?

You will have a pain medication prescribed to you to take, if needed. Also limiting activities, elevating, and applying some ice can help manage post-op pain. You are allowed to use Tylenol over the counter medication if you wish to avoid the prescribed narcotic. However, you are NOT allowed to take anti-inflammatory medications (also known as NSAIDs) such as Aleve, Mobic, Motrin, Naproxen, Ibuprofen, Meloxicam, Celebrex etc.. as they delay bone healing. You should not drink alcohol, drive or operate heavy dangerous machinery while on the narcotic.

Are there any concerning signs or symptoms I should look for during my recovery?

If you experience fever; significant redness or swelling around the surgical incision; excess bleeding or other drainage from the incision; abnormal numbness or weakness; or increased pain around the incision contact our office at 812-333-2556.

Will the surgical scar and redness improve?

Yes. This may take weeks to months but it does improve. Once the incision has fully healed you can massage the scar with some over the counter cream (any moisturizing cream or Vitamin E based cream) to help. And when outdoors, applying sunblock to the scar will help it from becoming too visible. The scar will eventually become invisible after around a year.

What are the risks during and after surgery?

As with any surgery, there is a small degree of risk. Some risks include bleeding, bruising, infection, injury to nerves or its branches, injuries to blood vessels, injury to tendon, malunion or nonunion (fracture with bad healing or no healing), and scar tenderness, sensitivity and need for repeat surgery short term and long term, as well as small chance of arthritis long term. Sometimes the tendons “rub” against the plate edge and ruptures needed further surgery (Rare). This is more frequent with plates placed on top of the wrist (infrequently used). The complication rates above are rare other than some reversible side effects such as scar tenderness and stiffness in motion which resolves over weeks or months.

What do I expect in terms of recovery long term?

Some deep dull achiness and cold sensitivity is not unusual after a fracture and/or surgery. This improves over time but might still be there long term. Some motion (going up/down) will be lost and on average people loose about 30% motion. Some people fair better that than and get almost full motion and some do worse than that. That loss in motion does not however necessarily mean loss in ability, strength, day to day function or capacity to do heavy manual labor or demanding sports for most but not all patients.

Will the implant be removed? What is it made of?

The implant is not removed when placed on the palm side (majority of cases) and sometimes gets removed if the plate is placed on the top side of the hand (infrequent). Your surgeon will discuss with you the need for further surgery to remove plates on the top of the wrist if needed. The plates and screws are made of titanium or stainless steel.

When can I go back to driving?

When all the following is achieved: your pain is mild and allows, you are off of narcotics, you are psychologically ready, you get past the 4-week mark, your surgeon clears you to do so. Whether you have a cast, brace or nothing at all depends on your circumstances.

Thank you for allowing us to be your orthopedic and hand surgery office and providers of choice.

Sincerely,

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Electronic link and downloadable version of this educational material is also available online at

TarekSibaiMD.com