DR BOB JANG

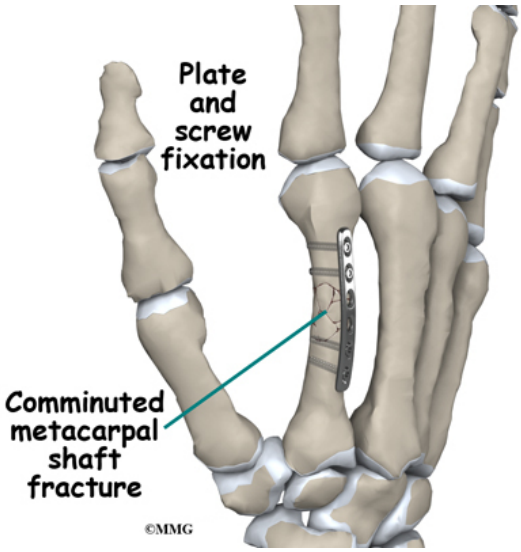
Orthopaedic Surgeon

Patient Name _____

Follow-Up Appointment: _____

METACARPAL FRACTURE OPEN REDUCTION AND INTERNAL FIXATION

Metacarpal fractures are a highly common injury of the hand. They generally occur from a direct blow to the hand, high energy trauma or a rotational force with axial load to the hand.



There are many locations along the metacarpal shaft that one may break.

These injuries may present with acute swelling and pain to the hand and wrist. There is often deformity to the hand and fingers.

Plaster immobilization is recommended immediately after a fracture has been diagnosed. Your clinician will perform a history, examination and review of relevant imaging (generally an xray).

Once you've been diagnosed with a metacarpal fracture, your GP/emergency doctor will refer you onto a hand surgeon. This may be a Plastics or Orthopaedic trained surgeon.

These injuries may be treated non operatively in a plaster and splint or operatively to reduce and hold the fracture in an optimal position using wires or plate and screws. There are many factors your surgeon will use to decide if you require an operation on your metacarpal fracture. Some include your age, occupation, handedness, open or closed injury, your xray findings and your clinical examination.

SURGERY

If you've been offered an operation on your metacarpal fracture, this will generally be in the form of wires, screws or plate and screws depending on your fracture configuration. Dr Jang will discuss this with you prior to your operation. Your operation will be a day stay procedure so you will be able to go home on the same day as your operation. You will receive a general anaesthetic with or without a nerve block for your procedure. You will wake up with a plaster around your hand and wrist to immobilize your broken hand.

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FAORTHA FELLOW of the AUSTRALIAN ORTHOPAEDIC ASSOCIATION

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How long will my hand be swollen for?

Swelling may last up to 3 months, but this will improve on a daily basis. Keep your hand elevated immediately after surgery.

How long will my hand be tender for?

Pain after an ORIF of your metacarpal is generally for a few days but should gradually settle by 2 weeks post operatively. You will experience some stiffness and aching once your start moving your hand during your hand therapy exercises.Sometimes the pain may linger for a longer duration but the expectation is for your pain to resolve.

Will I need to keep my hand dry?

Yes. Keep the plaster dry for the first 10 to 14 days until you've been reviewed to remove your plaster and have the wound checked.

Can I use my hand post operatively?

No. You will remain in a plaster for the first 1 to 2 weeks then transition into a thermoplastic splint. You may come out of your wrist splint at 2 weeks to wash your hands and shower. Your wound will be reviewed by myself, my orthopaedic registrar or the hand therapist at the 10 to 14 day review. The sutures will be dissolvable.

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METACARPAL ORIF POST OPERATIVE PROTOCOL

Weeks 0 to 2
Below elbow plaster. Keep the plaster dry. You may perform gentle range of motion exercises. Strictly no lifting.

Week 2 (ie day 10 to 14)
Follow up at clinic for a wound review, change to thermoplastic splint, review with Hand Therapist.

Weeks 2 to 4
Scar massage and desensitization exercise. Aggressive finger range of motion. Self initiated passive range of motion exercises with support under the metacarpal heads.

Weeks 4 to 6
Consider cutting thermoplastic wrist splint to free the wrist (ie. Hand based splint). Your hand therapist will organize this.
Full hand/wrist range of motion exercises. Strictly no lifting at this stage.

Weeks 6
Follow up with Dr Jang with an xray of your hand. Dr Jang will assess you clinically checking your range of motion in your hand and wrist. Xrays will show the degree of bony healing.

Weeks 6 to 12
Wean from splint starting at 6 weeks, and discontinue by 8 weeks. Continue passive/active range of motion to finger and wrist joints. Begin strengthening with putty and gradually advance. 2 to 3kg lifting restriction starting at 6 weeks. 5 to 7kg lifting restriction at 8 weeks. Transition to home exercise program by 8 weeks.

Weeks 12 +
No restrictions.
Consider a work conditioning program if your occupation has heavy demands.

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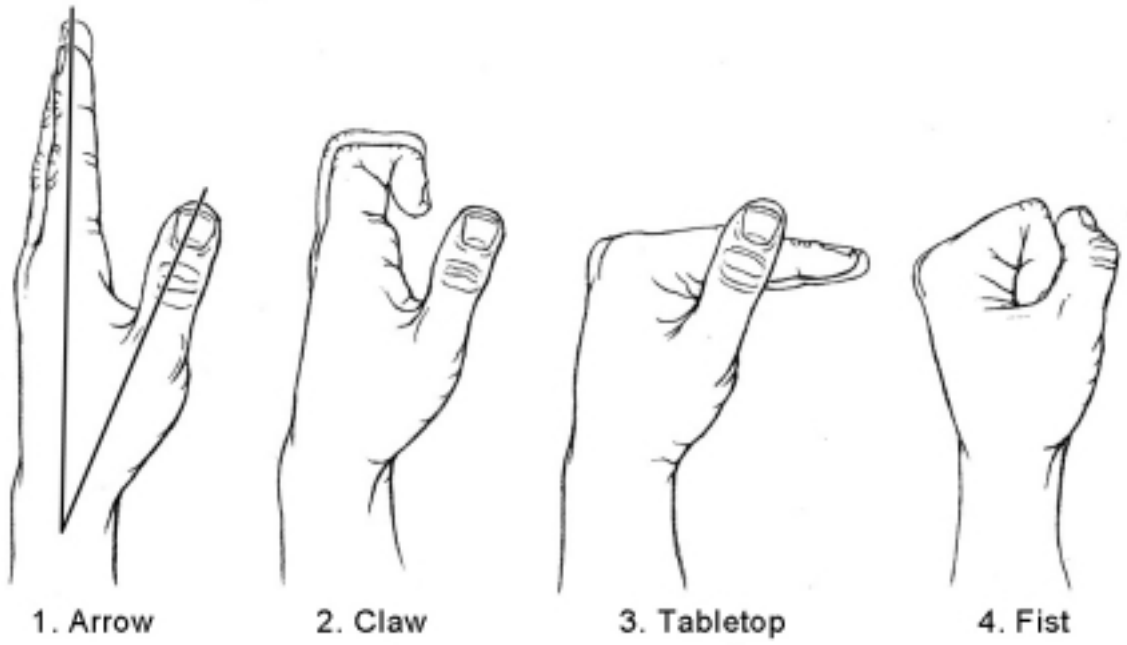
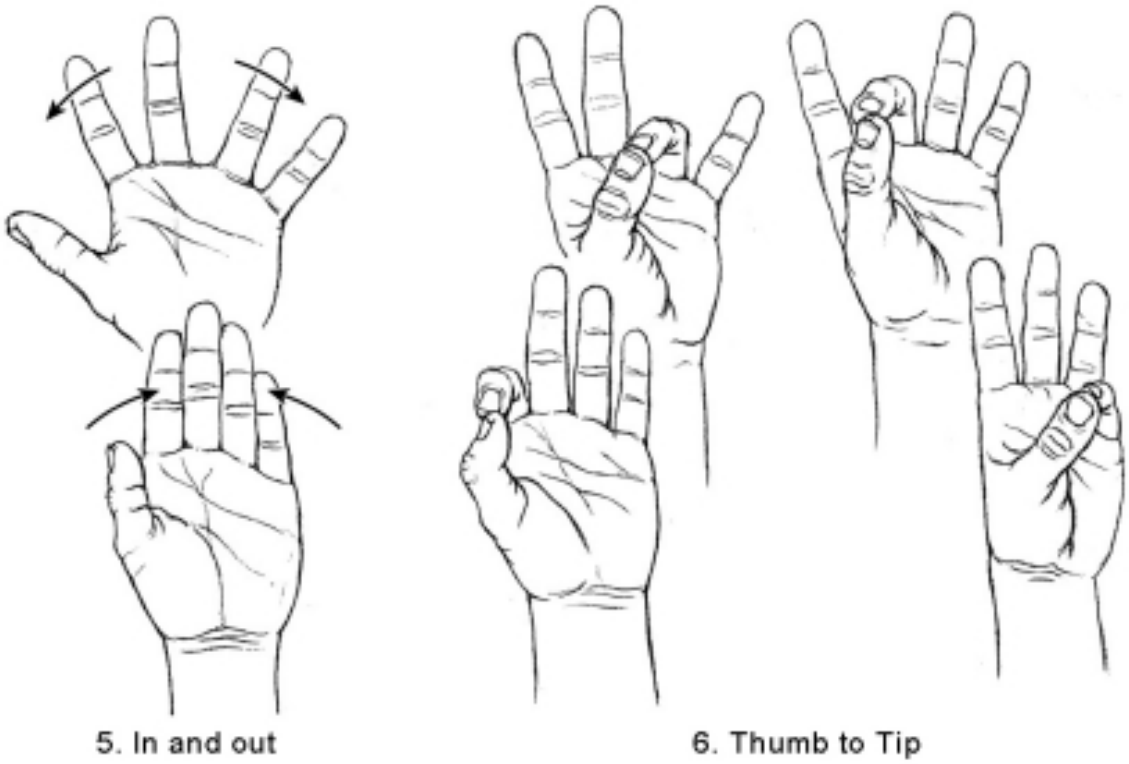
Hand based exercises once you're out of plaster





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