DR BOB JANG

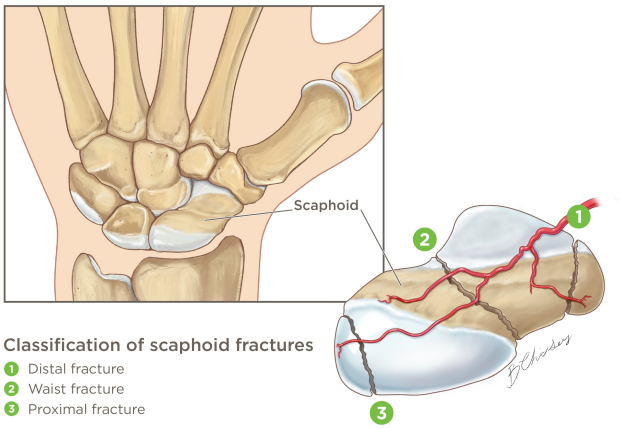
Orthopaedic Surgeon

Patient Name _____

Follow-Up Appointment: _____

SCAPHOID FRACTURES

Scaphoid fractures are the most common carpal bone fracture, generally occurring after a fall onto an outstretched hand.
The diagnosis of the scaphoid fracture may be difficult with plain xrays. Often, the assistance of a CT or MRI will help diagnosis this injury and also help with the decision making on the best treatment for your injury.



Classification of scaphoid fractures
1. Distal fracture
2. Waist fracture
3. Proximal fracture

Majority of these fractures occur at the 'waist' of the scaphoid. The scaphoid is covered with approximately 70-75% cartilage and it's blood supply is tenuous. The arterial supply to the bone is mostly from the distal end of the scaphoid. This means fractures that occur at the proximal pole of the scaphoid are at a higher risk of non union (whereby the fracture doesn't heal) or avascular necrosis (where the bone dies due to lack of blood supply). This can lead onto various other problems such as degenerative changes to the wrist if ignored (SNAC – scaphoid non union advanced collapse).

The decision to treat a scaphoid fracture non operatively in a cast/splint versus an operation with wires/screws or a plate will depend on various factors including the patient's age, health, function and the nature of the scaphoid fracture (distal/proximal/waist, whether it is bent/angulated, displaced more than 1mm). The reason to fix the scaphoid fracture is due to the risk of non union which is higher in displaced fractures, proximal pole fractures or those injuries with a delay to immobilisation. A scaphoid non union will cause altered mechanics within your wrist joint causing excessive wear and tear and will present many years later down the track with stiffness, pain and mechanical catching/clunking from within the joint.

The chance of your fracture healing with cast immobilization for 8 to 12 weeks is approximately 88 to 95% for undisplaced scaphoid waist fractures. Cast immobilization can have issues such as pressure sores, stiffness in the hand and wrist from prolonged immobilization, multiple visits to see your surgeon along with repeat xrays and CT scans to assess bony alignment and fracture healing. Some surgeons offer surgery for the undisplaced waist of scaphoid fracture to avoid these potential issues.

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FAORTHA
FELLOW of the AUSTRALIAN ORTHOPAEDIC ASSOCIATION

Fellow of the Royal Australasian College of Surgeons

SURGERY
You will be coming into hospital as a day surgery patient. You will be placed under a general anaesthetic or awake with a nerve block to your arm. The operation will take 45 to 60minutes. The operative incision location will depend on the orientation of your fracture. You may have an incision on the front or back of your hand/wrist. You will wake up after your operation with a short arm backslab plaster. After a meal you will be allowed to go home. Please keep your arm elevated in this period before you see the Hand therapist and Dr Jang.

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. This will also be dependent on whether you have other injuries and additional surgery.

How long will my hand be tender for?
Pain after a scaphoid fixation is generally for 4 to 6 weeks but the pain should subside rapidly.

Will I need to keep my hand dry?
Yes. You will need to keep your plaster dry when you wash your hands/fingers and shower. You will see the hand therapist within the first 10 days to remove the plaster, check your wound and have a new plaster or thermoplastic splint applied.

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ORIF SCAPHOID POST OPERATIVE PROTOCOL

Days 0-14

- Keep your limb elevated
- Keep your plaster dry. You may shower provided you cover your plaster with a plastic bag.
- Make a fist 5 to 6 times an hour whilst you're awake. Pinch your thumb to your index/middle/ring/little finger throughout the day.
- You may use your hand for writing, typing, using your smartphone, getting dressed and brushing your teeth.
- Strictly no lifting in the first 6 weeks post surgery.
- Please commence Vitamin C 500mg tablets daily for 50 days as this can reduce the incidence of chronic wrist and hand pain after a fracture.
- Simple analgesics such as Paracetamol and Ibuprofen are suitable for pain management.
- You can have a script for an opioid as required in the first 2 weeks post surgery.

Day 10 to 14

- Post operative appointment for wound check and change to wrist splint or fiberglass cast. Your thumb will be kept free **(Clay JBJS 1991)*
- Your wound will have healed by this stage and you can start hand washing and showering.
- Referral to Hand Therapist to make a thermoplastic wrist splint and start guided range of motion exercises (you may be kept still if you have other injuries or the fracture was highly comminuted), scar management, densensitisation.

Weeks 2 to 8

Wrist splint to remain on at all times except when hand washing, showering and gentle range of motion exercises if permitted.
You make take the splint off 3-4 times a day to work on your exercises.
Strictly no lifting or pushing at this stage.

Week 8

Appointment to see Dr Jang at the 8 week post surgery mark for a CT scan check of your fracture position and healing. Dr Jang will also assess your range of motion.

Weeks 8 to 12

Come out of wrist splint. Start focusing on strengthening and grip strength if your fracture is adequately healing on CT scans.
Continue working on range of motion.
Start lifting 2-3 kg maximum and gradually work up the lifting 1kg each week as tolerated.
NO contact sports at this stage.

Week 12+

Appointment with Dr Jang to ensure you've fully recovered. Aim to commence a return to work/sports program for high demand functioning workers or athletes.

*Clay NR, Dias JJ, Costigan PS, Gregg PJ, Barton NJ. Need the thumb be immobilised in scaphoid fractures? A randomised prospective trial. *J Bone Joint Surg Br*. 1991, 73: 828–32.

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