a separate leaflet explaining the care.

At Home

A sling or collar and cuff should be worn for the first week, but it is important to encourage your child to exercise the shoulder muscles taking the arm out of the sling or collar and cuff (six times a day).

At night, rest the fractured arm up on a pillow. This prevents the fingers swelling. A simple pain relieving medicine such as Paracetamol may be needed in the first one to two weeks and is often needed more at night time.

Please read the instructions on the bottle.

An outpatient appointment will be booked for one week when a further x-ray will check the fracture position and healing. Occasionally the bone ends slip out of position and another anaesthetic is required to reposition and hold the fracture.

Your child should not go back to school while they have a half plaster cast on, or before the first outpatient

If you have any questions or please contact:

Julia Judd / Liz Wright
Advanced Nurse Practitioner on
023 8079 4991
or
Switchboard on 023 8077 7222
ask for bleep no. 2641
or
Ward G3 on 023 8079 6486
or your GP
What is a fractured radius and/or ulna?
It is when one or both of the bones in the lower arm are broken (fractured).

What are the signs and symptoms?
Your child will complain of pain in their arm. It may look swollen, bruised and deformed. Your child may be unable to use their hand/arm.

What investigations are performed?
An X-ray will confirm the position and type of fracture. This helps the doctor to decide the best management.

Treatment
The treatment depends on the seriousness and position of the fracture.

A general anaesthetic (a medicine that makes you go to sleep) may be needed to line up the bones into a good position. This is called a ‘manipulation under anaesthetic’.

If a good position cannot be obtained by manipulation, then an operation is needed to internally fix the bones with either surgical wires or a flexible nail.

What happens if I decide not to have the operation?
The bones will heal in bent position. This may effect the use of the arm.

What complications can happen?
The healthcare team will try to make your stay in hospital and the treatment you receive as safe as possible. However complications can happen. Some of these can be serious and can even cause death. You should ask the healthcare team if there is anything you do not understand. Complications have three categories:

1 General Anaesthetic
2 General complications of surgery
3 Specific complications of this operation

The main complications are listed.
1 Complication from General Anaesthetic
Your anaesthetist will discuss this with you pre-operatively.

2 General Complication of Surgery
Pain – this happens after all operations and ways of controlling pain are described further on in this leaflet.

Bleeding – this can occur during or after surgery.

Infection in the surgical wound – This usually settles with antibiotics but may occasionally need further surgery.

Scarring of the skin – from the surgical excision.

3 Specific Complications of Surgery
Loss of position – the surgical correction slips and may need more surgery to correct it.

Non-union – the bone does not heal. This is rare and often requires further surgery.

Compartment syndrome – this may result because of swelling that compromises the nerve and blood supply. This can be a complication of surgery but may also happen as a response to the injury.

Surgical nerve injury.

Treatment after surgery
A plaster cast will be applied. This may be a half (back slab) or a whole plaster.

After the operation it is important that your child’s arm is raised up in a special sling or on a pillow to keep swelling to a minimum.

The nurses will check your child’s hand regularly for normal movement, colour and sensation. Encourage your child to move their fingers, straightening them out and bending them down.

Pain medication will be given regularly to keep your child comfortable.

Often an x-ray is taken the next day to check the position of the bones.

When will my child be ready to be discharged?
Your child’s stay in hospital is normally between 24 – 48 hours.

When all observations are within normal limits and your child is comfortable, they can be sent home. You will be shown how to look after your child’s plaster and given