and should be given as instructed on the bottle or packet.

School
You are advised not to send your child back to school until after the first outpatient appointment.

Follow up management
X rays are taken in the clinic to check the position of the bones and the healing process. The half plaster cast will be completed or a new plaster will be applied at the first appointment. If wires are in place these are removed four weeks after the surgery. This can be done either under a general anaesthetic or in the clinic. The choice of method will be discussed with you and your child.
What is a Supracondylar Fracture of the Humerus?
This is a fracture just above the elbow in the upper long bone of the arm.

What causes this fracture?
It is commonly caused by a fall onto the outstretched arm.

What investigations are required?
The arm will be deformed and swollen. X-rays will confirm the position and type of break and help the doctor to decide the best treatment.

Treatment of Undisplaced Fracture
If the broken bone ends are in a good position, a soft padded collar and cuff is applied with the arm kept bent at the elbow for comfort.

Your child may have been taken to the ward to be checked over night. This is to check that the fracture has not affected the blood circulation or nerves to the hand.

Operation
Your child may require a general anaesthetic (medicine given to make you go to sleep) to allow the doctors to move the broken bone ends. If the bones cannot be kept in the right place then surgical wires are inserted to hold the bones in place ('K' wires).

A half plaster is put on to hold the bone in place. This allows room for expected swelling at the fracture site.

On the ward the arm is kept raised up to help reduce the swelling. The nurse will closely monitor the circulation, sensation and movement of the fingers.

Your child will be given pain medication to keep them comfortable.

What happens if I decide not to have the operation?
The bone will heal in a bent position. This may effect the function of the elbow.

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. Complications from General Anaesthetic
   Your anaesthetist will discuss this with you before the operation

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

Bleeding – this can happen during or after surgery.

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

Scarring of the skin – from the surgical excision.

3 Specific Complications of Surgery
Loss of position – the surgical correction slips, this could mean more surgery is needed.

The K-wires become infected – the K-wires will have to be taken out and antibiotics prescribed.

Surgical nerve injury.

When will my child be ready to go home?
This is usually the following day, providing your child is comfortable and has normal movement and sensation to the fingers of the affected arm.

At Home
Your child will need to wear a sling to support the arm for the first week. If sitting or when in bed, encourage your child to keep their arm elevated on pillows to keep swelling to a minimum.

For discomfort and/or pain you can give your child paracetamol or ibuprofen. Both of these can be bought from a pharmacy.