

## Distal Radius Open Reduction Internal Fixation (ORIF) Protocol Kavi Sachar, MD

Copies of this protocol and background about distal radius fractures may be found on [kavisacharmd.com](http://kavisacharmd.com)

**Surgical Procedure:** For displaced, complex fractures of the distal radius, an open reduction internal fixation technique is utilized. This procedure is performed by making an incision over the distal radius, exposing the bone and realigning it. Once the bone has been adequately realigned, a rigid plate and screws are placed to stabilize the fracture. This technique allows for optimal anatomic reduction and opportunity for early range of motion. Typically, dissolvable sutures are used to close the skin and will not need to be removed post-operatively.

When you go home from surgery, you will be placed in post-operative dressings and a short arm splint. All dressings should be left alone until your first post-op appointment. Dressings will be removed at your first post-op appointment and wound will be cleaned. Once post-op dressings have been removed, you will either be placed in a short arm cast or sent to a therapist to have a custom, removable splint made.

### 6-10 Days Post-Op (Initial Visit after Surgery):

- Dressing:
  - Bulky dressing is removed, and a light compressive dressing is applied.
- Splint:
  - Fabrication of a short arm wrist immobilization splint.
  - Remove 4x/day for exercises.
- Exercise:
  - Full Active/Passive Range of Motion digits, thumb, elbow, and shoulder.
  - Active/Passive Range of Motion wrist and forearm unless otherwise specified by MD
  - Emphasis on supination.

### 10-14 Days Post-Op:

- Therapist authorized to remove sutures if still in place/if applicable.
- Once the incision is completely healed, scar management techniques may be initiated.
  - Scar massage
  - Use of silicone gel sheeting
  - Scar desensitization
- Continue full time use of the splint, remove 4x/day for Home Exercise Plan (HEP).
- Lifting limited to <2lbs (weight of a coffee cup)

### 4 Weeks Post-Op:

- Splint:
  - Splint as needed for sport/risky activities
- Exercise:
  - Begin progressive strengthening.
  - Strengthening up to 5 lbs

### 8 Weeks Post-Op:

- Patient may progressively return to full activity

## FAQ's

- **How quickly may I return to activities such as skiing/snowboarding, etc.?**
  - 6-8 weeks
- **How quickly may I be able to complete administrative duties such as typing and filing?**
  - Following your first post-op appointment, approximately 7-10 days after surgery. This time period is patient dependent based on pain tolerance. No lifting more than 2lbs.
- **Can I get my incision wet?**
  - No, incision should be kept covered and dry until your first post-op appointment, approximately 7-10 days following surgery.
- **Will I need pain medication?**
  - Pain from distal radius open reduction internal fixation surgery is often painful. Pain is always worse at night and elevating the surgical extremity is the most important factor when working to improve pain. If tolerated, we use extra strength Tylenol and Ibuprofen/Naproxen as a first line medication. You will be offered a nerve block to numb the extremity for a period of time. There are two versions of the nerve block that we utilize; a single shot block that will last roughly 14 hours and a 3 day catheter that constantly infuses numbing medication. You typically lose motor and sensory function during the effective timeframe of the desired block, we put you in a sling to protect your arm after surgery. In addition to the nerve block, you are provided with narcotic medication to help with the breakthrough pain and to help you sleep at night. We will have a discussion on the day of surgery to best determine the medication and anesthetic regimen for you surgery. Most patients are done taking narcotic pain medication within 5-7 days post-op.
- **What anesthesia will I have?**
  - We perform our distal radius open reduction internal fixation surgeries under general anesthetic with a nerve block for the arm.