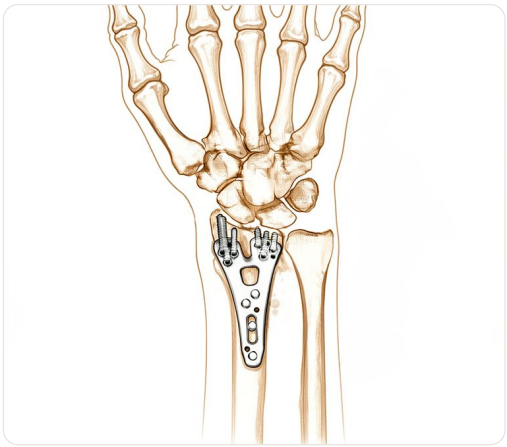
CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

INFORMATION & CONSENT

Distal Radius ORIF



X-ray after open reduction and internal fixation: the bone fragments have been realigned and a volar locking plate with screws holds them in position while they heal.

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At-a-glance recovery. Pooled from 12 published studies — your own pace will vary.

LIGHT DUTIES desk work, driving, daily tasks	MOST EVERYDAY ACTIVITIES manual work, sport, gym	FINAL OUTCOME PLATEAU pain and strength
2-6 weeks	**3-6 months**	**12 months**
Early mobilization is beneficial for function, with significant improvements in DASH scores observed by 6 weeks.	Open reduction and internal fixation with a plate offers sustained functional recovery, with substantial improvements noted by 6 months.	Functional recovery continues to improve over the first year, with sustained results observed at 12 months.

Why this operation has been suggested

Your surgeon has suggested open reduction and internal fixation, also known as ORIF, to repair a broken bone in your wrist using a metal plate and screws. This surgery is typically offered to adults with complex fractures where the bone has shifted out of place or broken into multiple pieces. While non-operative options like casting are tried first, surgery is recommended when those methods cannot provide enough stability or healing.

The main goal of this operation is to restore the normal shape of your wrist joint and allow you to move your hand sooner. Evidence shows that using a plate offers the best results for early and sustained recovery compared to other methods. It also significantly reduces the risk of complications related to the bone failing to heal properly.

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Before the operation

Please fast for six hours before your surgery and stop any blood-thinning medicines as your surgeon advises. Arrange for someone to drive you home and bring a list of all your current medications. You will likely need X-rays, and possibly an MRI or blood test, to check your bone and joint health before the procedure. Your surgeon will perform an open operation through a standard incision to realign the bone and secure it with a plate. Sometimes, a small camera is used inside the joint to ensure the alignment is perfect. Wear comfortable clothing and arrive ready for your anaesthetic review.

On the day

You will arrive at the hospital and meet your surgeon and the anaesthetist. This operation is done under general anaesthetic. You will be fully asleep for the operation. Some patients may also have a regional nerve block for post-operative pain relief – the anaesthetist decides on the day based on your individual circumstances.

You will then go to the operating theatre where your surgeon makes a cut in your skin to reach the bone. They use a metal plate and screws to hold the broken pieces in place. After the surgery, you will wake up in recovery while nurses watch over you and manage your pain.

What the operation involves

Your surgeon will make a single cut over the wrist to reach the broken bone. This is an open approach, meaning the area is fully exposed rather than using small keyhole cameras. Through this opening, your surgeon carefully moves the broken bone pieces back into their correct position.

Once the bone is aligned, your surgeon secures it using a metal plate and screws. This method offers the best results for early and sustained recovery and helps reduce healing complications. The plate is placed along the side of the radius bone to hold everything steady while it heals. In some cases, your surgeon may use a special screw technique with any locking plate that has options in the shaft.

After the bone is fixed, your surgeon closes the cut with stitches. You may need a second small surgery later if the hardware causes irritation, as there is a 28% chance hardware removal may be required for patients undergoing this plating. Early movement of your hand and wrist is encouraged after the operation to help you regain function sooner than if you waited.

After the operation

You will wake up in a recovery ward where your pain is managed with general medicine. Your arm will be in a sling or brace with a dressing over the incision. Your surgeon made an open cut to fix the bone, sometimes using a small camera to check the joint. You can start moving your fingers and wrist early to help your function. Most

people go home the same day, but some stay overnight. You must have someone stay with you for the first 24 hours.

Recovery

You will likely feel pain and swelling in your wrist and hand during the first few days. This is normal as your body heals from the surgery. Your surgeon may use a plate and screws to hold the bone in place through a small cut on your wrist. You might also have a brace or cast to protect the area while you rest.

Early movement is key to getting your hand back to normal. Your physiotherapist will guide you through gentle exercises to reduce stiffness. You will wear a sling or brace when moving around, but you should start moving your fingers and elbow as soon as you are able. These small movements help your hand feel better much sooner than waiting too long.

As the swelling settles, you will notice your grip and daily tasks becoming easier. You can return to light home activities once your surgeon clears you to do so. Your timeline may differ from others, so follow the specific advice from your surgeon and physio team. They will help you know exactly when to increase your activity level safely.

What can go wrong

Most patients do well, but problems can occasionally happen. Your surgeon and the team monitor you closely to spot any issue early.

Sometimes the metal hardware used to hold your bone in place becomes uncomfortable or causes irritation. If you feel pain or pressure over the plate, you might need a second small procedure to remove it. This happens in about one out of every four patients.

You may notice that your wrist does not move as smoothly as expected. Early movement helps your hand work better sooner than waiting too long. If your wrist feels stiff or weak, tell your surgeon right away so they can guide your therapy.

In some cases, the bone alignment might shift slightly over time. This can happen if the screws are not placed deep enough into the bone. If you feel a new clicking sound or notice your hand looks different, bring it up at your next check-up.

Overall, serious problems are rare. Most people who have this surgery recover well with early movement and careful follow-up. The complications table on this page lists typical rates if you want the specifics.

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When to call us

Call us if you have a fever, increasing redness, or drainage from your incision. Go to emergency if you feel sudden severe pain, notice your calf is swollen, or have trouble breathing. Call immediately if you lose feeling in your fingers or cannot move your hand. These signs need urgent assessment to protect your recovery.

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COMPLICATIONS & CONSENT

Distal Radius ORIF

Complication rates from published literature

Pooled from 12 published studies. These are population-level rates, not your individual risk — your surgeon will discuss what applies to you.

COMPLICATION	REPORTED RATE	NOTES
stiffness	**10-20%**	Wrist stiffness common early; improves with therapy over 3-6 months.
hardware sensitivity	**5-10%**	Prominent plate causing tendon irritation or discomfort.
hardware removal	**2.7-27.8%**	Rates vary significantly by technique; radial column plating has a 28% chance of requiring removal, while volar locking plate fixation shows 2.7%.
wound-related problems	**2.2%**	Specific wound-related issues reported in a large retrospective study of 822 patients.
fracture re-displacement	**2-5%**	Loss of reduction requiring re-operation.
carpal tunnel syndrome	**1.9%**	Reported as a specific complication in a retrospective study of 822 patients.
tendon irritation	**1.7%**	Reported as a specific complication in a retrospective study of 822 patients.
flexor tendon rupture	**0.9%**	Reported in a case series using a large tenaculum clamp for reduction.
infection	**0.0-12.3%**	Overall complication rates for volar locking plate fixation include 4.8% major and 7.5% minor complications, with infection being a subset.
implant loosening	**Rare**	Pooled results showed no heterogeneity in implant loosening rates between early and late mobilization groups.
worsening ulnar variance	**Rare**	Associated with placing distal row screws >3mm from subchondral bone in comminuted intra-articular fractures.
plate migration	**Rare**	Rare case of proximal plate migration reported in pediatric distal radius fractures.

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I have read this information and have had the opportunity to ask Dr Hirpara questions about the procedure, its expected recovery, and the complications listed above.

PATIENT — PRINT NAME	SIGNATURE	DATE

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