CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

INFORMATION & CONSENT

Scaphoid Fixation

The scaphoid bone, sitting at the base of the thumb, is the most commonly fractured carpal bone.

At-a-glance recovery. Pooled from 11 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 mobilisation is encouraged if adequate fixation is achieved, allowing for light activities within 2 to 6 weeks.	Return to full strength and manual work typically occurs over several months as the fracture heals and function is restored.	Maximum improvement in function and strength is typically noted within the first post-operative year.

Why this operation has been suggested

This operation uses a small incision or a needle through the skin to hold your broken wrist bone in place with a screw. Your surgeon suggests this for you because your fracture is unstable, displaced, or located in the upper part of the bone where healing is difficult. While most people start with a cast for nine to twelve weeks, surgery is recommended when the bone is broken by more than one millimeter or if treatment is delayed longer than 28 days. Waiting too long raises the chance of the bone failing to heal from 5% to 28%. The main goal of this operation is to help your wrist heal fully so you can return to normal activities without pain or weakness.

Before the operation

You will need to arrange a ride home and wear comfortable clothing. Bring a list of all current medications to your visit. Your surgeon may order blood tests and an anaesthetic review to ensure you are safe for surgery. You might also need X-rays, an MRI, or a CT scan. These images help confirm the fracture and plan the treatment.

CQ HAND + UPPER LIMB
Dr Kieran Hirpara — Specialist Orthopaedic Surgeon
Suite 2, Level 1, Mater Private Hospital Rockhampton, 31 Ward Street, The Range, QLD 4700
Phone 07 4863 6556 · office@cqupperlimb.com.au · cqupperlimb.com.au

Please fast as instructed by your care team and stop any medications your surgeon advises. This preparation helps your surgery go smoothly.

On the day

You will arrive at the hospital and check in with your surgeon's team. Your anaesthetist will meet you to discuss your care plan. 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.

After you are asleep, your surgeon will perform the procedure through a single cut over the wrist or through tiny punctures in the skin. You will wake up in the recovery area once the surgery is finished. You will rest there while the team monitors you before you go home.

What the operation involves

Your surgeon will treat your scaphoid fracture, a small bone in your wrist. Because this bone has a unique shape with a narrow middle section called the waist, your surgeon will plan the repair carefully to match its complex structure. In some cases, the injury also involves damaged ligaments or cartilage, which your surgeon will address during the procedure.

For nondisplaced fractures, your surgeon may use a percutaneous approach. This means placing a screw through the skin without making a large cut. This method holds the bone in place to allow it to heal. If the fracture is more complex, your surgeon might use an open approach with a single incision to access the bone directly. The goal is to secure the fracture firmly so you can begin moving your wrist early.

Your surgeon will use screws or plates to stabilize the bone. These metal devices keep the broken pieces aligned while healing occurs. Once the fixation is secure, the skin is closed with stitches or glue, and a dressing is applied. Because scaphoid fractures can be hard to spot at first, your surgeon has used specific imaging to ensure the repair targets the correct area.

After the operation

You will wake up in a recovery ward where your pain will be managed. Your surgeon may use a small incision or a percutaneous approach through the skin. You will have a dressing, and possibly a sling or brace, to protect your wrist. You can usually go home the same day, but an overnight stay is possible. Because you will be groggy, someone must stay with you for the first 24 hours. You will start moving gently as soon as you are comfortable.

Recovery

Your hand may feel sore and swollen for the first few days. This is normal as your body heals. You will likely wear a cast, splint, or brace to keep your wrist steady. Keep your hand elevated above your heart when resting to help reduce the swelling.

You will begin gentle movement exercises as soon as your surgeon says it is safe. These exercises help restore motion without stressing the healing bone. If you have a cast or brace, you will wear it during daily tasks like eating or dressing. You can usually sleep with your hand supported on a pillow to stay comfortable.

Your surgeon may use a small incision or a needle through the skin to place the fixation. This approach helps protect the skin while securing the bone. As your pain settles and movement returns, you will gradually do more activities. Your timeline may differ from others; your surgeon and physiotherapist will guide your specific steps.

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, a break in a nearby wrist bone is missed when you first come in. You might notice that pain in your wrist does not get better as expected. If this happens, tell your surgeon right away so they can check for other injuries.

In some cases, you may have damage to the soft tissues or cartilage inside the wrist along with the break. You might feel a deep ache or a sense of instability that does not match the injury you thought you had. Bring this up at your next review so your surgeon can look closer.

If you have metal hardware inside your wrist, sharp edges or screw heads can sometimes rub against nearby areas. You might feel a new, sharp pain or notice a lump that moves under the skin. If you feel something poking or rubbing where it should not, contact the clinic to have it checked.

The complications table on this page lists typical rates if you want the specifics.

When to call us

Call us if you have a fever, increasing redness, or discharge from your wound. Go to emergency if you feel sudden severe pain, new numbness, or cannot move your hand. Seek urgent help for calf swelling or shortness of breath. If you had a wrist injury but standard X-rays were normal, call us if pain persists. We may need to repeat imaging in 10 to 14 days to find a hidden fracture.

CQ HAND + UPPER LIMB
Dr Kieran Hirpara — Specialist Orthopaedic Surgeon
Suite 2, Level 1, Mater Private Hospital Rockhampton, 31 Ward Street, The Range, QLD 4700
Phone 07 4863 6556 · office@cqupperlimb.com.au · cqupperlimb.com.au

CQ HAND + UPPER LIMB
Dr Kieran Hirpara — Specialist Orthopaedic Surgeon
Suite 2, Level 1, Mater Private Hospital Rockhampton, 31 Ward Street, The Range, QLD 4700
Phone 07 4863 6556 · office@cqupperlimb.com.au · cqupperlimb.com.au

CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

COMPLICATIONS & CONSENT

Scaphoid Fixation

Complication rates from published literature

Pooled from 11 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%**	Loss of wrist flexion and grip strength; improves with therapy.
nonunion	**5-10%**	Failure to heal despite fixation; risk higher with delayed presentation, proximal pole fractures, and smoking.
hardware prominence	**5-10%**	Prominent headless screw requiring removal.
posttraumatic arthritis	**5-15%**	SNAC wrist arthritis may develop, particularly with delayed treatment or nonunion.
avascular necrosis	**3-10%**	Loss of blood supply to the proximal pole; may lead to collapse and arthritis.
infection	**Rare**	Superficial wound infection.
nerve injury	**Rare**	Superficial radial nerve branch injury causing dorsal hand numbness.
tendon injury	**Rare**	Extensor tendon irritation from screw prominence.

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 _____

CQ HAND + UPPER LIMB
Dr Kieran Hirpara — Specialist Orthopaedic Surgeon
Suite 2, Level 1, Mater Private Hospital Rockhampton, 31 Ward Street, The Range, QLD 4700
Phone 07 4863 6556 · office@cqupperlimb.com.au · cqupperlimb.com.au