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# What happens when you break your wrist

When someone falls into your extended hand, they sometimes get a "broken wrist". The bone that usually is broken is called the radius. The closest bone end of the pulse is called distal end. The term "broken bone" is fracture. Therefore, the termatic term for the most common type of "broken wrist" is a distal ray fracture (ie, the biggest forearm bone is broken near the pulse). This type of fracture is very common. In fact, the ray is the most commonly broken bone in the arm. The interval usually happens when you fall and land in your extended hands. It can also happen in a car accident, a bicycle accident, a ski accident and similar situations. Sometimes, the other forearm of forearm (the ulna) is also broken. When this happens, it is called the ulna distal fracture. This fracture was first described by an irelan and anatomist surgeon, Abraham Colles, in 1814; Hence the name, "Colles" fracture. A broken wrist usually causes pain and swelling, and frequently causes a deformity, causing the pulse to be folded. See your doctor for a diagnosis. The doctor will take an x-ray from the wrist. The fracture is almost always about 1 inch of the end of the bone. If the fracture extends to the joint, it is called intra-articular fracture; If not, it is called extra-articular fracture. ("joint" means "juncture".) If the fractured bone breaks the skin, it is called open fracture. If the bone is divided into more than two pieces, it is called fracture comminutes. A fracture is more difficult to treat whether intra-articular, open or comminuted. Many fractures distal rays in people over 60 are due to osteoporosis (reduction of bone density) if the fall was relatively smaller (a fall of a posting position). They can happen even in healthy bones à € à € as if the trauma was severe enough (for example, a car accident or a bicycle drop). The best prevention is to maintain a good omsea health and avoid osteoporosis and falls. Older patients who have problems to keep their balance need special attention to avoid falls. Used wrist guards à € à €The forearms can help avoid some fractures, but do not stop all of them. When you have a distal ray fracture, you will almost always have a falling story or some other type of trauma. You will usually have pain and swelling on the forearm or pulse. You can have a deformity in the shape of the wrist if the fracture is bad enough. The presence of bruises (black and blue discoloration) is common. Consult your doctor if you have enough pain in your arm to prevent you from using it normally. You may want to go directly to an orthopedist (physician), which can usually take a straight ray in the office and say what is happening. If escritÀrio its mÀ © dico is closed, the LESA the sampler £ £ o À © very painful and the sampler pulse £ o À © deformed, you can generally expect © Ata the following day. Go to the emergency room if the lesion is very painful, the pulse is deformed, you have a sleep, or your fingers are not pink. You can protect the pulse with a splint and apply ice to the wrist and elevate it to get to the office of the doctor. There are many treatment choices. Your orthopic surgeon will describe what options are right for you. The choice depends on many factors such as the nature of the fracture, age and navel activity, and personal preferences of your surgery the £. Next, a general discussion of the possible options, so you have a better idea than your ortopic surgeon can recommend it for you. One choice is to leave the bone the way it is, if the bone is in a very good position. Your doctor can apply a plaster until the healing bone. Or if the position (alignment) of your bone is not good and susceptible to limiting the future use of your arm, your orthopic surgeon can suggest correcting the deformity (the term METHOD to correct the bone It is reduction), if the bone is straightened (reduced) without cutting skin skin This À © called the reduÀŠÀ £ closed. Once the bone is properly aligned, a splint or cast may be placed in its braŠo. A commonly used splice À © in the early days, to allow a small amount of normal swelling. A cast À © usually added a few days to a week or so later, after the swelling goes down, and exchanged two or three weeks later, as the swelling goes down more and the cast becomes loose. Sa £ the radiographs taken depending on the nature of the invoice is at weekly intervals for three weeks and then at six weeks (if the fracture has been reduced or felt to be unstable) or less if the fracture frequÀncia the £ it was thought to be reduced and Stable. The À © cast removed about six weeks after the fracture occurred. At this point, the physical therapy often started © help improve the movement and £ funÀŠÀ the injured wrist. If your surgery £ © ortopÀ the physician feels that the posiÀŠÀ £ £ Na bone À © acelitÀvel for £ funÀŠÀ the future of your braŠo, and that does £ o can be corrected or kept corrected in a cast, he may recommend a operaÀŠÀ £ o. There are many ways to perform surgery, including £ reduÀŠÀ the fracture in the operating room without making an incised £ o (£ reduÀŠÀ the closed), or making an incised £ o (£ reduÀŠÀ the open) to improve bone alignment. In the operating room, your surgeon £ © ortopÀ the physician may choose to keep the bone in the correct £ posiÀŠÀ with only a cast, or by inserting the metal pins (usually stainless aŠo or ti € nio) a plate and screws, an external fixator or any combination of these tÀ © £ the techniques. This À © a very simple question. Unfortunately nÀ £ o has a simple answer. The types of distal radius fractures sÀ £ £ Ta and the various treatment sÀ Using Option TA £ £ © that the large describe difficult to expect. Most fractures hurt moderately for a few days to a few weeks. Many patients find that using ice, elevaÀŠÀ £ o (holding braŠo up your coraÀŠÀ £ o), and simple medicines and prescription £ £ o-the pain of alÀvio sÀ £ all the necessa ìrivers. A combination £ à © ibuprofen (sold as Generic © rich or under the trademarks or MoTtinÀ® AdvilÀ®) plus acetaminophen (sold under the trademark TylenolÀ®, as excavation as a Generic © m © rich, often marked in the box "in the £-aspirin pain." the combination of ibuprofen and the £ À © acetaminophen much more effective than alone (the term physician for that mÀ © © À © rgico siNA). If the pain is severe, patients may need to take a £ medicaÀŠÀ the strength of the prescription £, often a narcÀtico for a few days. Discuss these opÀŠApes with his mÀ © dico. Casts and Splints should be kept dry. Enta £ o use a bag of plastic on the braŠo while you estÀj bathing. If you get wet, do the £ will dry very easily (you can try using a hair dryer on the cold configuraÀŠÀ £) .Do the £ hÀj real mold "waterproof Àgua" but there are a few available options that tÀm its advantages and minuses. Discuss this with your mÀ © dico. most incisApes cirÀrgicas must be maintained cleaned and dried © five days or until the sutures (stitches) are removed, whichever occurs later. Everyone wants to know: "Can I go back to all my former activities, and when?" This À © a great Questa £ what Tamba © m seems quite simple and straightforward, but the response À © complex. Most patients return to all their previous activities, but what acontecerÀj in your case depends on the nature of his injures £ o, the type of treatment that you and your surgeon decide the £, and how your body responds to treatment. You will need to discuss your case with his mÀ © dico for the details of your case, but some generalizaÀŠApes can be made. Most patients have his cast removed in about six weeks. Most patients iniciarÀj physical therapy, if your mÀ © dico feel Necessary in a few days to weeks aft surgery or soon aft Àltimo the cast is removed. Most patients serÀj able to resume light activities such as swimming or working the lower body in the gym within a mÀs or After the cast is withdrawn, or after surgery. Most patients can resume vigorous physical activities such as skiing or football, football, Three and six months after injury. Almost all patients will have some stiffness in the pulse, which generally decrease in the month or two after the cast is withdrawn or after surgery, and will continue to improve at least two years. You should expect your recovery to take at least a year. You will still feel a little pain with vigorous activities for about so long. Some residual rigidity or pain is to wait for two years or, eventually, permanently, especially for high energy lesions (such as motorcycle accidents, etc.), in patients above 50, or in patients who have any osteoarthritis. However, good news is that rigidity is usually smaller and can not affect the overall function of the arm. Remember, these are the general guidelines and may not apply to you and your fracture. Ask your doctor to get specific information in your case. Your doctor knows that the return to activities is important for you. Finally, osteoporosis is a factor in as many as 250,000 pulse fractures. It has been suggested that people suffering a pulse fracture may need to be examined for osteoporosis, especially if they have other risk factors. Ask your doctor if you need to be tracked or treated for osteoporosis. Information provided by the American Society of Hand Surgery, May 18, 2018 Dr. Miller: You have a fracture in the fist and what to do about it, if you have one? We're going to talk about it in the next on Radio Scope. Announcer: Access to our specialists with detailed information about the biggest health problems faced today. Experts, with Dr. Tom Miller is in the scope. Dr. Miller: Hi, I'm Dr. Tom Miller and I'm here with Dr. Andrew Tyser and he is an orthopic surgeon specializing in hand care and hand surgery. Receive. Dr. Tyser: Thank you, Tom. Vs. Broken wrist Twisted Pulse Dr. Miller: How could anyone know if they can have a fracture in the fist against a sprain of the wrist? What are the most common ways we receive pulse fractures? Dr. Tyser: This is a big issue. I think it is important to know that wrist fractures, in general, are very common as they are pulse sprains. Often they are caused à € à €

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