

Fractured Radius and Ulna in Children

Patient information - Orthopaedic & Paediatric Departments



Fractured Radius and Ulna (Forearm)

This injury is the result of a fall onto the arm. These fractures (breaks) in children can be of the greenstick type, where the bones bend quite badly and partially break, but do not snap right through, or the bones may break through and displace significantly.

Because children's bones are still growing, doctors try to avoid doing an operation with plates and screws to line bones up. The preference is to pull the bones back into alignment (with the child given a light anaesthetic), and then plaster the arm to hold everything in position.

Children's bones do not need to be perfectly aligned for them to heal, as they have so much growing to do that the body manages to remodel the bones over time into a straight

bone.

The plaster will be above the elbow if the fracture is more than 2 – 3 cm away from the wrist, or if the fracture is in the middle of the arm, or nearer the elbow. This prevents the arm moving at the elbow, and maintains the fracture in the correct alignment. If the fracture is nearer the wrist, the cast may be changed to a below elbow cast several weeks later.

The original plaster cast may have a cut in it to allow for swelling. The cast is "completed" (joined up) either before the child goes home, or at their first visit to Orthopaedic Outpatients Department.

Initially it is important to encourage the child to keep their arm elevated on pillows and to 'pump' their fingers. This helps decrease the swelling.

Prior to discharge the child will have an X-ray in the cast to ensure that the fracture is adequately aligned. Make sure the child has regular pain relief – Panadol, Panadeine or Codeine are best. Take as prescribed by the doctor. Please read the Care of your Cast instructions carefully and ring the Orthopaedic Outpatients Department if you have any concerns.

Telephone (03) 364 0800 and ask to speak to a registered nurse.

The cast may be changed at your second or third visit to Orthopaedic Outpatients Department. At this time you will receive a lighter, coloured cast. The cast is not changed too early as this could cause the fractures to move and some pain to your child.

Your child can go back to school once the pain has settled and the limb is no longer swollen – about a week after the injury. It is best to keep the arm in a sling or collar and cuff to stop it being knocked while at school.



For more information about:

- your health and medication, go to ww.healthinfo.org.nz
- hospital and specialist services, go to www.cdhb.health.nz