

Do not:

- Wet the plaster. Cover the plaster with a plastic bag or cover when in the bath or shower.
- Poke anything down the plaster as you may cut your skin or cause a wound to become infected.

Overview

- This leaflet is designed to help people who have suffered a wrist fracture.
- Your fractured (broken) wrist has been placed in a plaster backslab (a half plaster cast – which will be changed to a full cast once your swelling has gone down) to make sure that the wrist is kept still while the fracture heals.
- We have referred you to the fracture clinic and they will manage your ongoing care. Please make sure we have your latest contact details.
- The fracture clinic team will arrange for you to get a full plaster cast which will stay on for up to six weeks. Once the plaster cast has been taken off, your wrist will need another six weeks to become fully strong.
- If you have any questions or concerns about your wrist fracture or having a plaster cast, please contact the fracture clinic.

When to go to hospital

Please return to Emergency Department immediately if you are affected by any of the following:

- increased pain;
- increased swelling;
- numbness or pins and needles in the affected arm;
- inability to move your fingers;
- blueness of the fingers;
- if the plaster cracks, becomes loose or is rubbing your skin.

For general medical advice please use the NHS website, the [NHS 111](#) service, walk-in-centres, or your GP.

NHS website provides online health information and guidance www.nhs.uk

There are walk-in and urgent treatment services at Brighton Station, Crawley Urgent Treatment Centre, Lewes Victoria Hospital, Horsham Minor Injuries Unit and Bognor Regis War Memorial Hospital.

We are committed to making our publications as accessible as possible. If you need this document in an alternative format, for example, large print, Braille or a language other than English, please contact the Communications Office by emailing Communications@wsht.nhs.uk

This leaflet is intended for patients receiving care in Brighton & Hove, Haywards Heath, Shoreham, Worthing or Chichester

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Wrist fracture manipulation

Advice for patients seen
in the Emergency Department

Patient information

Wrist fractures

- Unfortunately you have broken at least one of the bones in your wrist. You may have pain, swelling, deformity of your wrist, numbness or pins and needles, and possibly an open wound.
- **All jewellery needs to be removed from the affected hand** as there can often be swelling which could lead to further injury. We may need to cut off any rings for your safety.
- In most wrist fractures, the bones are not very far apart and so you only need a plaster to manage the broken bone(s) – this is an undisplaced wrist fracture. In some cases the bones are too far apart for this and we may have to tweak the bones back into the right position – this is a displaced wrist fracture.
- The bones need to be in a normal position to best ensure correct functioning of the muscles, nerves and blood vessels in your wrist and hand and to prevent damage to the nerves around the wrist related to any swelling.
- Your fractured (broken) wrist has been placed in a backslab (a half plaster cast) to make sure that the wrist is kept still while the fracture heals.
- We have referred you to the fracture clinic for your ongoing care.

- We will send you home with a sling to keep the wrist up and allow the swelling to go down.
- If you don't keep your wrist up, the swelling will go into your hand and may lead to numbness and discomfort in your hand.
- If you develop numbness please see your GP or come to the Emergency Department.

Manipulating your fracture

- If we need to manipulate your broken bones to improve their position and prevent complications, we will give you medications to numb your wrist.

The different types of ways we may numb your wrist include:

- **EntoNOx** (laughing gas and oxygen). This may occasionally cause nausea or a headache.
- **A haematoma block** – this is an injection of local anaesthetic into the fracture site, it causes minimal side effects but can be a little painful initially.
- **IV morphine** – this may make you feel nauseous or slightly confused.
- **IV anaesthetic drugs**. These will make you feel sleepy and can cause changes in blood pressure and heart rate.

- We will monitor you closely during use of the above pain relief. Please let a member of staff know if you feel unwell at any time or if you feel you need additional pain relief.

While your wrist is in a cast

Do

- Keep the injured arm raised up with your hand above your elbow as much as possible, especially for the first week.
- Avoid standing or sitting with your hand down by your side. You can use a sling or place your arm on several pillows. This helps to reduce swelling in the arm and prevent the plaster from becoming too tight.
- Move the unaffected joints. You should be able to move your fingers fully when in the plaster cast.
- Use your affected hand for light activities only.
- To help your recovery, ensure you have adequate pain relief. If you are suffering high levels of pain please seek advice from your pharmacist or GP.

Do not:

- Rest on the plaster for the first 48 hours.
- Put anything heavy on the plaster.
- Cut your plaster – return to the hospital if your plaster needs trimming.