



Open Reduction and Internal Fixation Distal Radius with Bridge Plate

Patient Postoperative Instructions

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0-2 weeks

Pain medication:

- Use your prescription pain medication as needed to control pain.
- If your arm was numbed (blocked) for the surgery by the anesthesiologist, begin taking pain medication before the block wears off.
- Do not drive or operate machinery while taking narcotic/opioid pain medication.
- Unless you cannot take them for other medical reasons, it is ok to use over-the-counter anti-inflammatory medication (e.g. Advil or Aleve) in addition to your prescription pain medication. Do not take tylenol as your prescription already contains this medication.

Post-op Dressings:

- Keep the dressings and splint in place until your first postoperative visit.
- Elevation of the hand, along with ice on-and-off for 20 minutes at a time, will help with swelling and pain.
- It is ok to shower, but the dressings must stay clean and dry. Place a waterproof covering over the dressings while bathing or showering (such as a heavy plastic bag that is sealed with Saran wrap).
- If the dressings get dirty, wet, or come apart please contact the office to have the dressing re-done.

Motion:

- Start moving your fingers and thumb that are not in the splint as soon as possible.
- Gently work on moving your palm up (supination) and palm down (pronation), along with flexing and extending your elbow.
- You can use your hand for light activity, such as eating, drinking, or using a computer.
- Do not lift, carry, push, or pull anything heavier than a glass of water or can of soda.

2-6 weeks (First post-op visit)

Splint:

- The postoperative splint and sutures will be removed at your 2-week visit.
- You will be placed in to a cast at the first post-op visit.
- Keep the cast clean and dry at all times.

Motion:

- Therapy will be started for finger, forearm, and elbow active and passive range of motion exercises in the cast.
- No wrist motion at this time.
- Continue to avoid lifting, carrying, pushing, or pulling anything heavier than a glass of water.
- Transition to a home exercise program at 6 weeks

6 -10 weeks (Second post-op visit)

Splint:

- If a cast was used, you will be switched to a removable wrist splint.
- Wear the splint full-time.
- If you have not done so, you can begin scar massage at this time.

Motion:

- Continue finger, forearm, and elbow range of motion at home.
- Begin gentle finger and forearm strengthening.
- When wearing the brace, you can lift/carry up to 5lbs (about 1/2 gallon of milk) as your symptoms allow at 8 weeks.

10-12 weeks (Third post-op visit)

Schedule your second surgery for removal of the bridge plate around the 11-12 week mark after surgery

Splint:

- Continue use of the splint full-time.

Motion:

- Continue your home exercise program

14-20 weeks (First post-op visit after removal of the plate)

Splint:

- The postoperative splint and sutures will be removed at your 2-week visit.
- Use the removable wrist splint on an as-needed basis over the next 4 weeks.
- The goal is to stop using the brace by 4-6 weeks after plate removal

Motion:

- Therapy will be re-started for finger and wrist active and passive range of motion exercises in the cast.
- You can lift up to 5 lbs at 2 weeks after plate removal, 10-15lbs at 4 weeks, and have no lifting/carrying restrictions 6 weeks after plate removal
- Transition to a home exercise program at 6 weeks

20+ weeks (Second post-op visit after removal of the plate)

The splint should no longer be necessary at this point. If needed, therapy can be continued to focus on further strengthening or work conditioning. There are no lifting/carrying or other activity restrictions, unless otherwise discussed on a case-by-case basis.