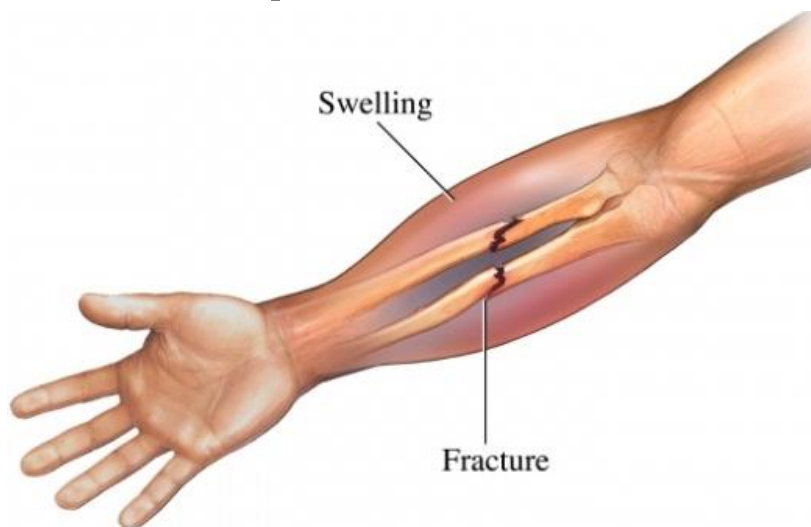


Patient information

Forearm fractures and manipulation

Information for parents and carers



Unfortunately your child has sustained an injury to their arm which has resulted in a break in the bone. In order to straighten their arm we need to manipulate it.

This leaflet has been designed to explain your child's injury and offer advice for their management.

The forearm is made up of two bones, the radius and the ulna. Breaks in these bones are common, especially in children, and are often managed in a cast.

When the bones have broken and become angulated (causing the arm to bend) it may be necessary to straighten them to improve the position. This can be done in the emergency department, in an attempt to prevent your child from needing to go to theatre for a general anaesthetic.

Who will treat your child?

When the accident and emergency doctor has assessed your child and seen their x-

ray, they may refer them to the orthopaedic team (bone doctors). The orthopaedic registrar will come and assess your child to decide if they can be treated in the emergency department. If they think it is possible and you are happy with the plan, they will perform the procedure themselves in the department.

What treatment will your child receive?

In the resuscitation area we will give your child strong painkillers. We will also ask them to breathe on some gas and air. When they are appropriately relaxed an orthopaedic registrar will gently straighten their arm and put it in a plaster cast. Another x-ray will then be taken to check the new position is acceptable.

It is important to be aware that your child will be awake during the procedure. They shouldn't feel any discomfort. They may move around during the procedure but they will not remember this. We will ask them to tell us about their pain before, during and after the procedure. We will monitor this closely.

Is this procedure necessary?

Your child's arm may be at an awkward angle, to the extent that, if it is left as it is, they may have problems with lasting deformity as they grow up, which may cause shortening in the affected arm. The doctor will decide if manipulation (moving) of the bones is necessary to prevent this.

What problems might occur?

In order to perform the manipulation we need your child to take painkillers by sniffing diamorphine. This is a strong pain killer which takes about 20 minutes to take full effect. Most children tolerate this very well, but some may experience sleepiness, confusion and occasionally nausea and vomiting.

'Gas and air' is used as another pain relieving medication. It is commonly known as 'laughing gas' and your child may giggle whilst inhaling this. It can also make your child light headed while they are breathing it in.

It is possible that, after the procedure, either secondary to the manipulation or from swelling in the arm, your child may develop pins and needles, numbness or increasing pain in their arm. We will monitor them in the department for a period of time, but if this should occur after you go home please return to the hospital immediately.

What happens if the procedure isn't successful?

Occasionally, despite trying to straighten your child's arm, the post manipulation x-ray may not be acceptable. In this instance the orthopaedic doctor will discuss the next stage of management which may include surgery. In this case your child will require a general anaesthetic.

Are there alternative treatments?

Yes. It is also possible to plaster your child's arm in its current position and perform their manipulation in theatre under a general anaesthetic. Due to needing six hours as a minimum from their last meal, this may not occur until the following day.

Can the procedure be stopped once it has begun?

Yes. If at any point your child is unable to tolerate the procedure, or you feel it's no longer in their best interests we will stop the procedure, apply a plaster cast and book your child for a general anaesthetic.

What happens if the procedure is successful?

Your child will be monitored in the department until the pain killers are out of their system. This usually takes less than an hour from the time of taking it. We will make sure they can wiggle their fingers and their pain is under control.

A virtual fracture clinic appointment (over the telephone) will be made for you (held on Monday, Wednesday and Friday). You will be contacted following this with a face-to-face appointment with the orthopaedic team. They will be able to tell you how long your child will need to be in a cast and discuss ongoing management at this time.

Notes

Contact details

West Suffolk Hospital Emergency Department

Hardwick Lane, Bury St Edmunds, Suffolk, IP33 2QZ

Tel: 01284 713000

If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the disabledgo website link below:

<http://www.disabledgo.com/organisations/west-suffolk-nhs-foundation-trust/main>

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