

ORTHOPAEDIC WORKSHOP

21st NATIONAL FAMILY PRACTITIONERS CONFERENCE
"Family Medicine and the Circle of Life"

NJ KAUTA

SPECIALIST ORTHOPAEDIC SURGEON

BACK GROUND

- Distal radial fractures
- Paediatric distal humerus fractures

Discussion topics

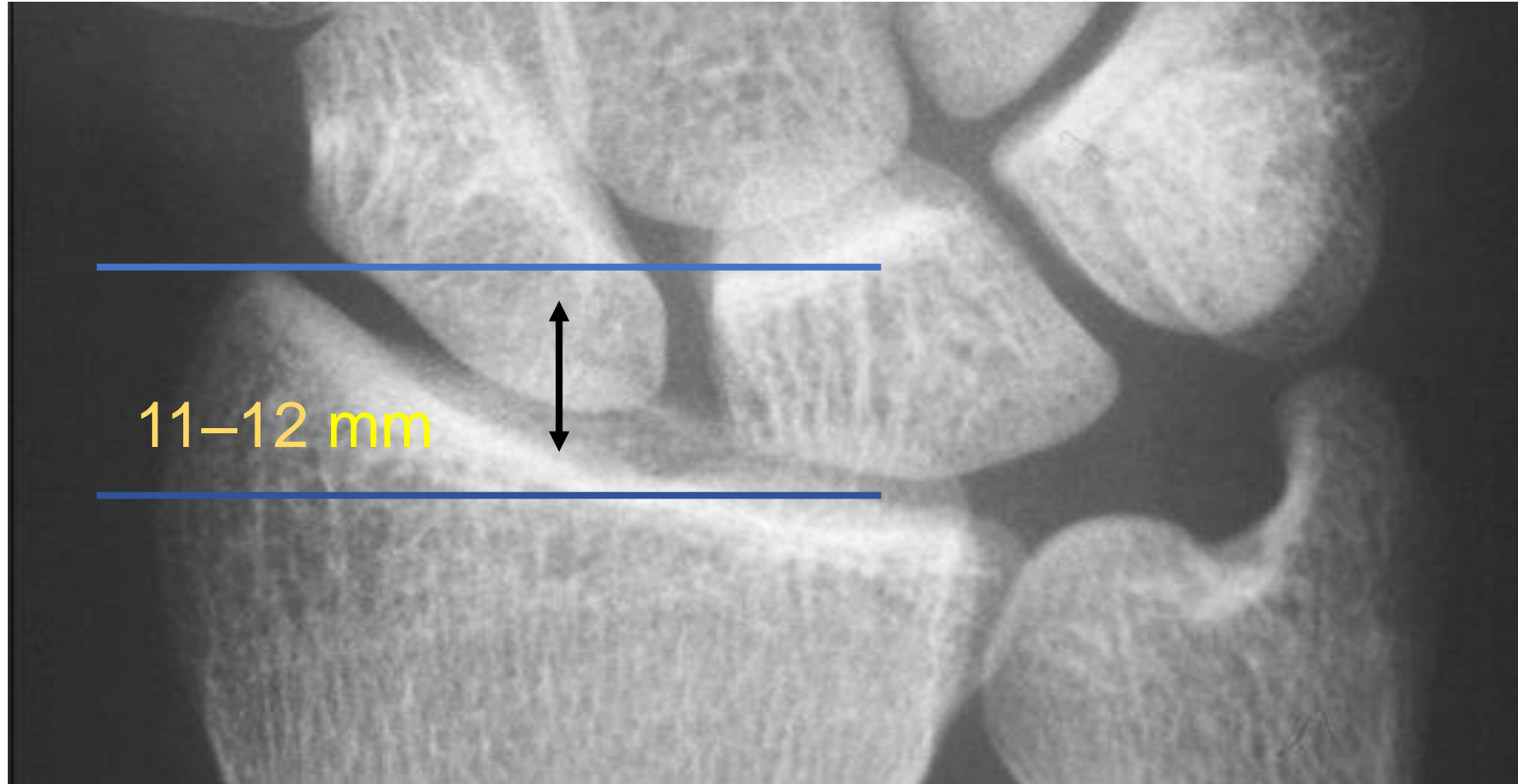
- Define indications for surgery
- Describe the closed reduction technique for the most common type of distal radius fractures.
- Common complications with non operative and operative treatments



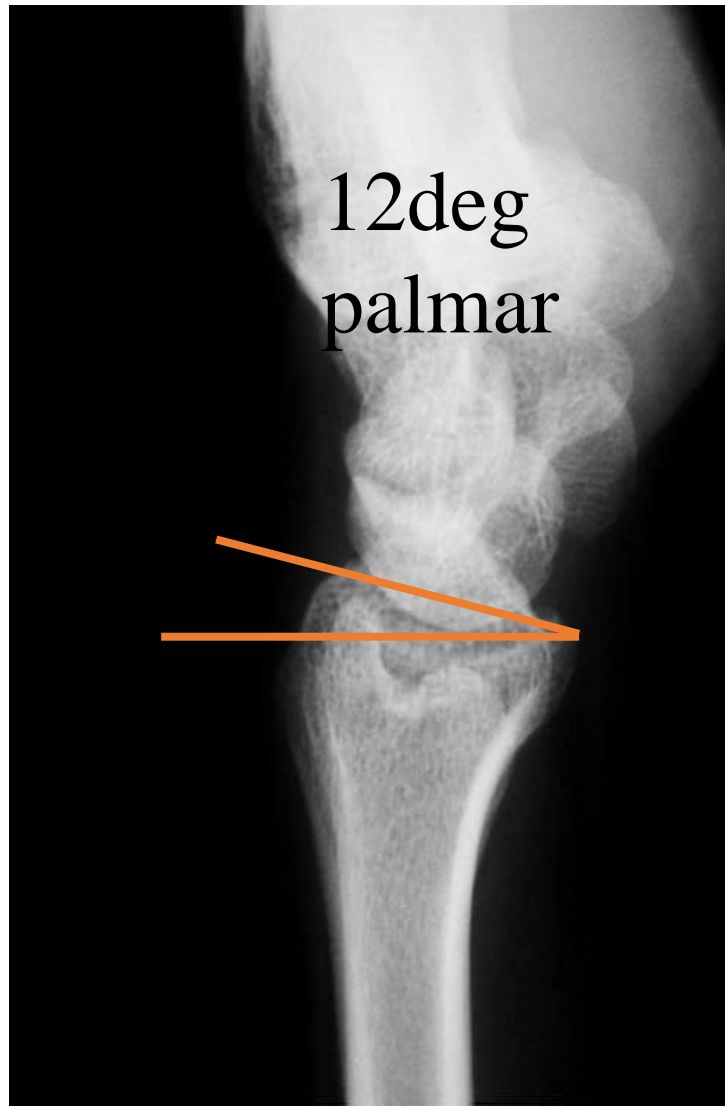
Distal radius fractures

- 25 % of all paediatric fractures
- 22% of all elderly fractures
- Incidence rising for the young adult distal radius fractures

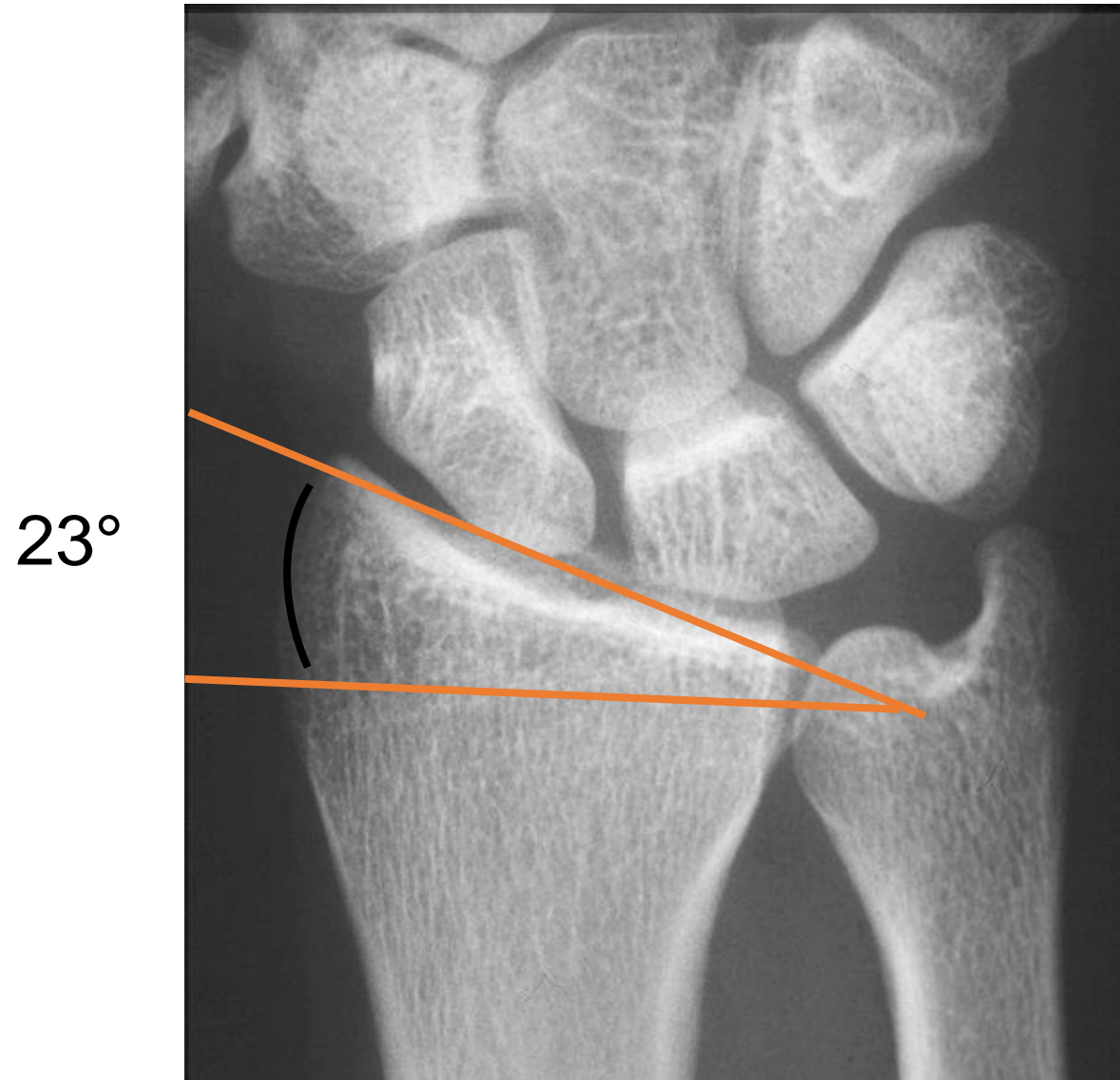
Normal values—radial length



Normal values—palmar tilt



Normal values—radial inclination



Normal values—ulnar variance

0 mm



Indications for surgery

- Failure of non operative treatment
- Open fractures
- Acute carpal tunnel syndrome
- Intraarticular step or gap > 2mm
- Patient preference(private patients)



Operative options

- Closed reduction and External fixation
- Closed reduction and K wiring
- Open reduction and K wiring
- Open reduction and internal fixation(plate and screws)

External fixation



ORIF

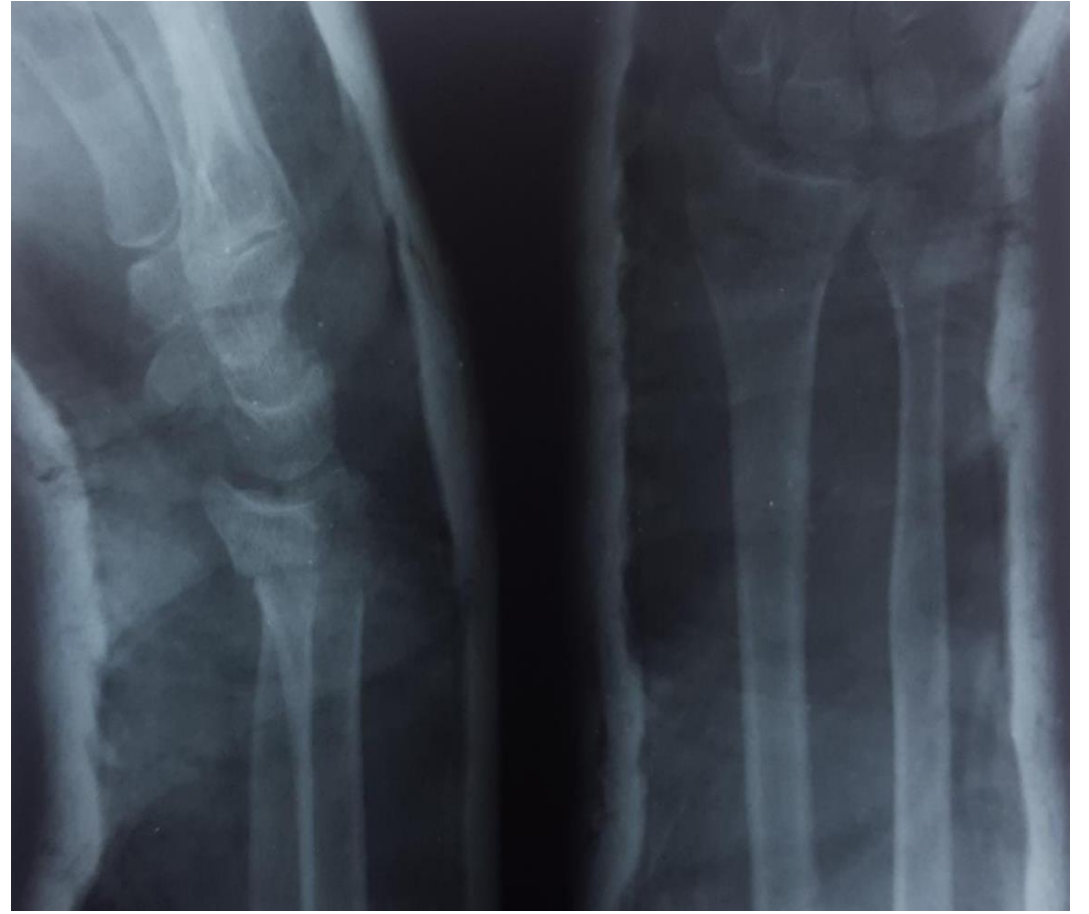


Complications of closed treatment

- Acute carpal tunnel syndrome
- Malunion
- CRPS
- EPL tendon rupture
- Prolonged recovery time(multiple visits to the doctor)

Complications of ORIF

- Acute carpal tunnel syndrome
- Median nerve injury
- FPL tendon rupture
- Infection
- Malunion











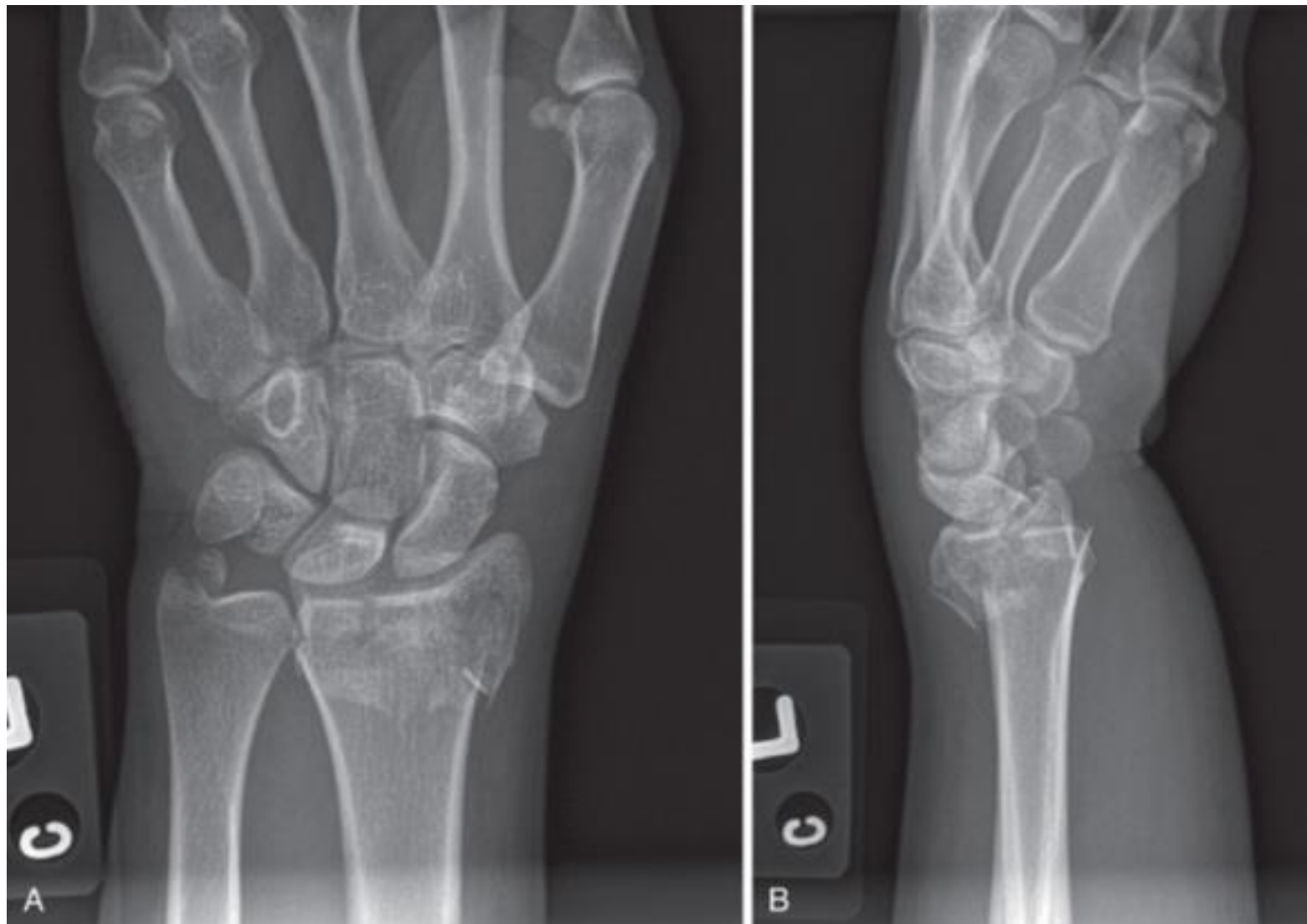
ORTHOGERIARTRIC AND FAMILY MEDICINE

- Distal radius fracture, most common sign of osteoporosis
- Only 2 to 4% of patients with fragility fractures of the wrist are investigated for osteoporosis.
- Osteoporosis is a silent killer
- Early management can help prevent up to 60% of major osteoporotic fractures.

MUA AND POP FOR DISTAL RADIUS

DEMONSTRATION OF REDUCTION TECHNIQUE AND
APPLICATION OF A BACK SLAB/POP

DISTAL RADIUS FRACTURE



PEADIATRIC DISTAL HUMERUS FRACTURES

- Very common injuries (approximately 65% of pediatric trauma)
- Radiographic assessment - difficult for non-orthopaedists
- A thorough physical examination is essential
- Watch out for Compartment syndrome

Clinical presentation

- Acute history (same day presentation)
- Delayed presentation: 2 days or more, rule out : - infection or pulled elbow if xrs normal – Non accidental injury(NAI)
- Clinical exam : swelling, deformity, neurovascular supply (AIN, UN, brachial artery)

Paediatric elbow

Ossification centers



1	C	Capitulum
3	R	Radial Head
5	I	Internal Epicondyle
7	T	Trochlea
9	O	Olecranon
11	L	Lateral Epicondyle

Occult elbow fractures : posterior fat pad



Normal radiographs



Supracondylar fractures

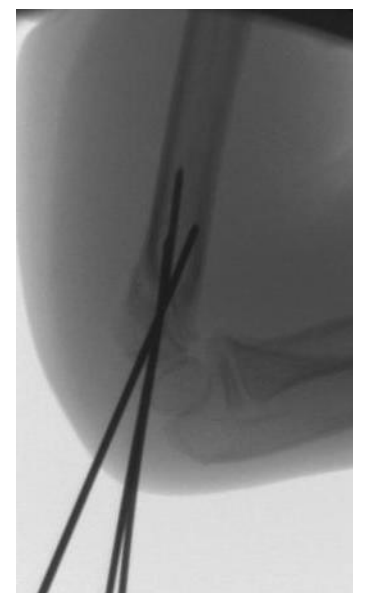


Supracondylar fractures



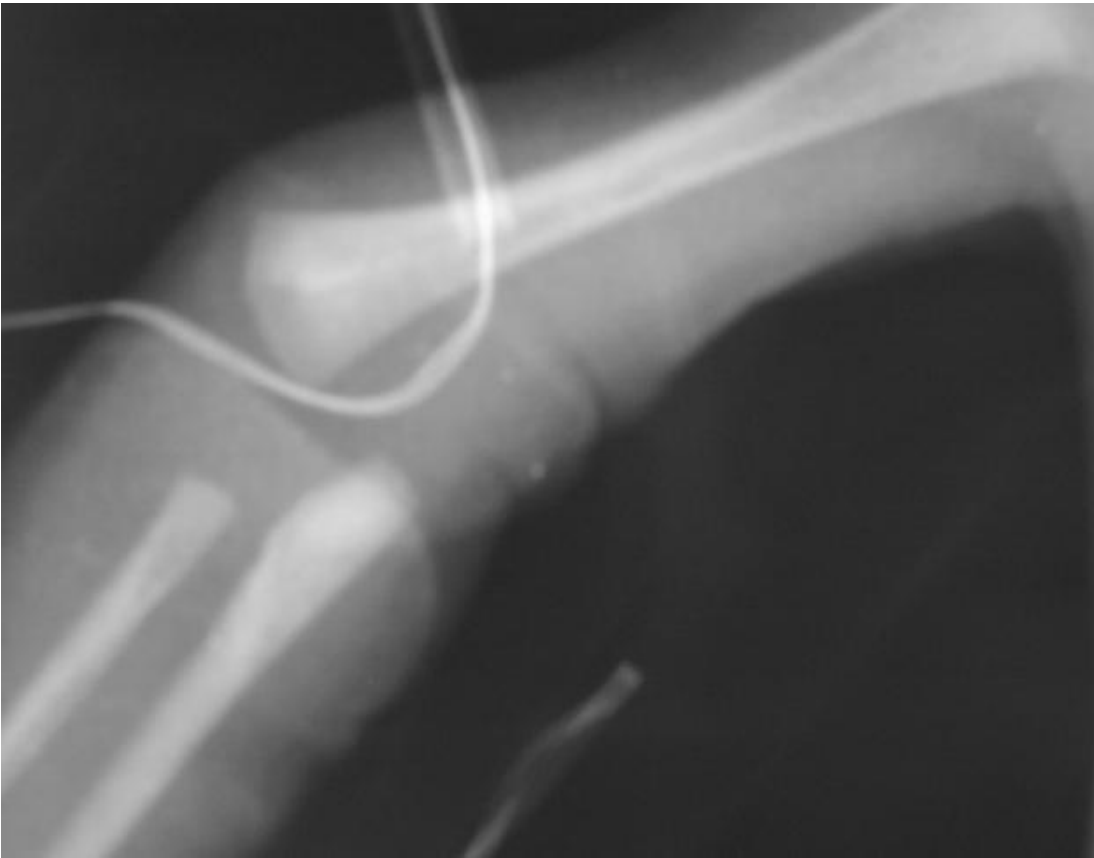
Supracondylar fractures



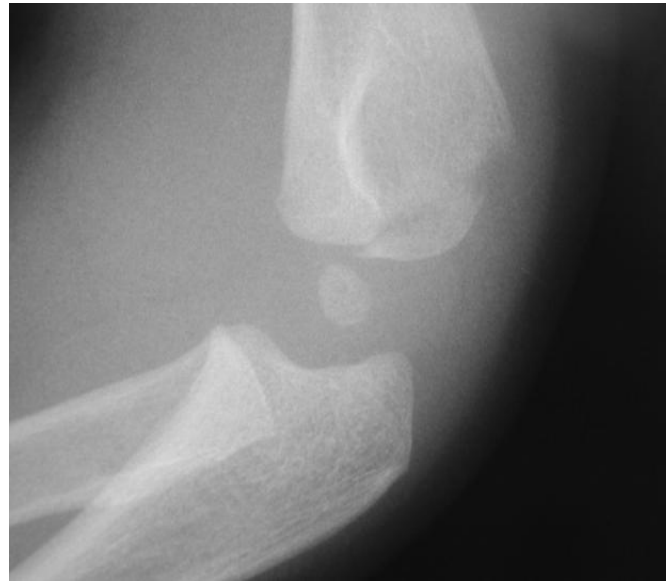


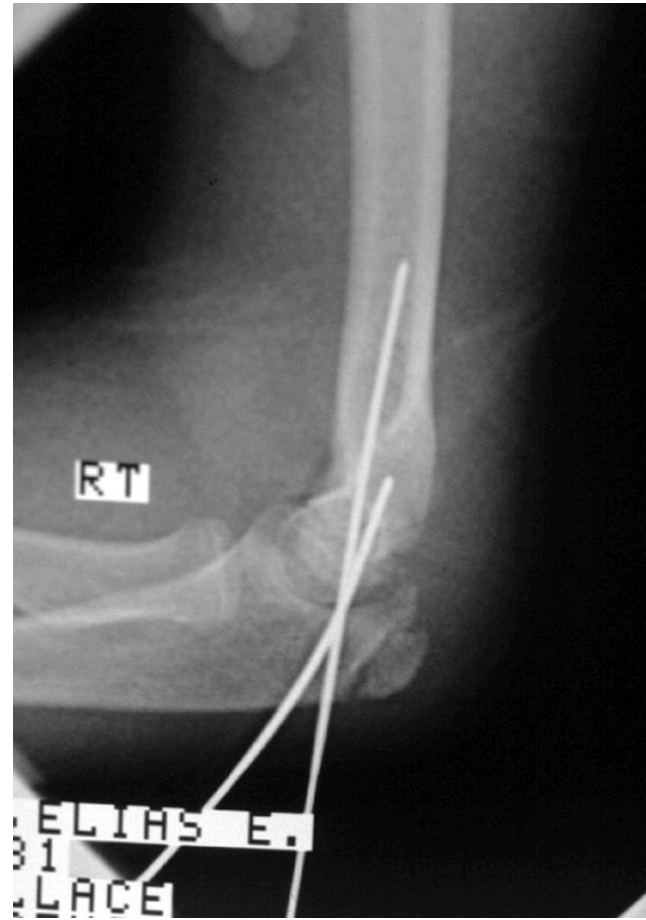
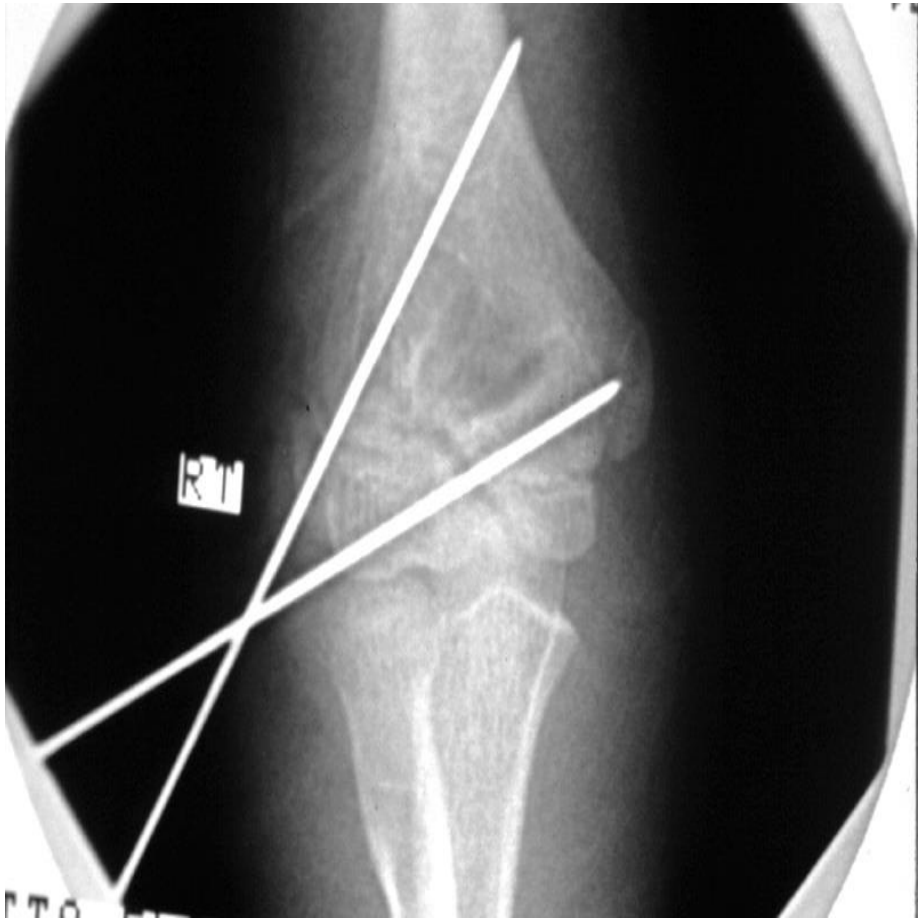


Complete distal humeral transphyseal separation



Lateral condyle fractures







Medial epicondyle fractures



Medial epicondyle fractures

