Feasibility of Outpatient Fixation of Distal Radius Fractures on Post-operative Pain Control

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OBJECTIVE:
Ambulatory surgery centers are cost-effective. [1] While Mather et al. [2] have supported the use of ambulatory surgery centers (ASC) in the treatment of distal radius fractures, little attention has been drawn to post-operative pain control for patients released home the day of surgery. Studies have shown that insufficient post-operative pain management may have a negative impact on peri-operative morbidity and decrease post-operative quality of life. [2]

At our institution, operative treatment of closed, distal radius fracture is performed as an outpatient procedure. The purpose of this study was to investigate the feasibility of operative treatment of distal radius fractures with regards to post-operative pain control.

RESULTS:
82 patients met inclusion criteria, with average age being 55.5 years (range 15 – 87 yrs); 52 females and 30 males. 61 fractures (74.4%) resulted from a fall from standing. All patients were treated with volar plating.

Visual analog scale pain scores at 3 and 14 days post-operatively showed no differences between different fracture types. However median 3-day pain scores (6.5/10) were significantly higher (p<0.05) when fixation was combined with additional procedures (scaphoid fracture fixation, carpal tunnel release, scapho-lunate ligament repair) than with fracture fixation alone (2/10). Two patients required admission for wound infection.

CONCLUSIONS:
- Distal radius fractures can be performed as an outpatient procedure.
- Supplementary regional block along with oral analgesics provides adequate postoperative pain control without need for hospital admission.
- Post-operative pain following adjunctive procedures along with fracture fixation appears to be worse within the first 2 weeks compared to isolated distal radius fixation.
- Patients with higher grade of fracture do not experience more pain than patients with extra-articular fractures.

REFERENCES: