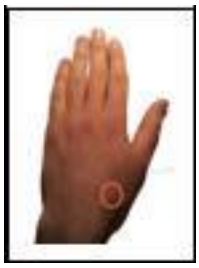
Emergency Department Patient Information Sheets

Worcestershire Acute Hospitals NHS Trust

Scaphoid Fracture of the Wrist

What is the Scaphoid?



- One of the 8 small bones of the wrist, located at the base of the thumb, which helps to make up the wrist joint.
- Transmits a large amount of the weight put through the hand, such as when pushing yourself out of the bath, so it is very important for function.
- The position also makes it vulnerable to injury.
- A scaphoid fracture is a break in the scaphoid bone, causing pain at the base of the thumb and in the wrist as highlighted in this picture.

Diagnosis

- A scaphoid fracture is diagnosed after a clinician has examined your hand and found tenderness in certain areas at the base of your thumb.
- X-rays may also be taken, however it is important to note that these types of fracture may not show up clearly on an
- X-ray taken soon after the injury.
- If there is no X-ray evidence of a fracture initially, but the clinician suspects that there is one, you will be treated as if you have a scaphoid fracture, and re-assessed in 2 weeks time.

Treatment

- If you have been diagnosed with a scaphoid fracture in the Emergency Department (ED) then you will be placed in a plaster cast and referred to the fracture clinic for further management, which generally involves being in plaster for about 6 weeks to allow the bones to heal.
- If a scaphoid fracture is suspected but not seen during your first attendance in the ED then you will be placed in a wrist splint like the one in this picture and asked to re-attend the ED in 2 weeks' time for re-examination and possibly further tests.
- Very occasionally the fracture does not heal well and an operation may be required.

Whilst in plaster or wearing the splint

- Do not remove the plaster/splint.
- Do not get the plaster wet.
- Do continue to move your fingers and elbow.
- Do keep your hand elevated above your heart.
- Avoid lifting or playing contact sports.

Complications

- Fractures may not heal and there is a risk of the fracture being permanent
- (non-union).
- In the future there is a risk of arthritis in the wrist.
- Disruption to the blood supply, causing part of the bone to die, this can cause an accelerated form of arthritis.
- Treatment aims to reduce these risks, but they may still occur.

Further treatment

- If, after 6 weeks, your symptoms persist or the fracture has not healed then further immobilisation may be needed.
- If the fracture still fails to unite, surgery may be indicated.

Patient Experience
We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback
Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)
If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PALS@nhs.net

Opening times:
The PALS telephone lines are open Monday to Friday from 8.30am to 4.00pm. Please be aware that you may need to leave a voicemail message, but we aim to return your call within one working day.

If you are unable to understand this leaflet, please communicate with a member of staff.

For additional medical advice, if your symptoms or condition worsens:

Contact your GP

NHS 111:	Telephone 111
Get help with your symptoms, NHS111:	https://111.nhs.uk/
Information to help you manage your health:	www.nhs.uk

In an emergency telephone 999

Emergency Department (A&E)
Alexandra Hospital
Woodrow Drive
Redditch B98 7UB

Tel: 01527 512030

Minor Injury Unit
Kidderminster Hospital
Bewdley Road
Kidderminster DY11 6RJ

Tel: 01562 513039

Emergency Department (A&E)
Worcestershire Royal Hospital
Charles Hastings Way
Worcester WR5 1DD

Tel: 01905 760743