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Fracture clinic and x-ray follow up of non-operatively managed distal radius fractures – Are we requesting too many?

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Introduction: Distal radius fractures (DRFs) are the most common fractures seen in adults. Strong literature evidence suggests that non-operative management of DRFs is an appropriate and efficient treatment option. However, practice varies considerably with regards to the frequency of patient follow up and repeat x-rays in clinic.

Methods: A retrospective audit was conducted to evaluate our trust's compliance with the management guidelines for conservatively managed DRFs. The guidelines used were those of the British Orthopaedic Association and BSSH's published Best Practice for Management of DRFs. After making recommendations for change, a re-audit was undertaken to evaluate whether improvements had been made to our practice, specifically with regards to the frequency of clinic follow-up and repeat x-rays in clinic.

Results: Each audit cycle evaluated data from 38 adult patients. In the initial audit, 50% of patients were followed >3 times in clinic, whilst 48% had >3 x-ray episodes including the initial ED images. In comparison, the repeat audit showed that only 27% of patients were seen >3 times in clinic, whilst only 26% of them >3 episodes of x-ray.

Furthermore, the initial audit showed that 58% of patients had an x-ray on removal of plaster while following our recommendations only 7% did. In the initial audit, only one case required change of fracture management from conservative to surgical treatment compared to none in the repeat audit.

Conclusion: Fracture clinic follow up and x-rays can be tailored according to patients' needs. It is recommended that patients with stable fractures, not requiring manipulation in ED, do not require repeat x-rays unless there is high suspicion regarding possible fracture displacement or collapse. Fractures manipulated in ED will need a repeat x-ray 1-2 weeks later to ensure an adequate position is maintained. There is no role for an x-ray upon removal of the plaster unless there is clinical concern.

Biography

Louai Abdeh is a Trauma & Orthopedics Core Surgical Trainee at the Manchester Royal Infirmary. As a medical student and junior doctor, he has taken an active role in many clinical governance and research projects, and he has presented at a number of conferences including the ASiT International Conference 2018, Barts and London National Undergraduate Surgical Conference and Warwick Undergraduate Regional Medical Conference. He has also completed a Master of Research in Tissue Engineering for Regenerative Medicine, and he received a distinction grade for his dissertation "The Role of Macrophages and Mast Cells in Fibroblast to Myofibroblast Differentiation- An insight into the Relationship between Inflammatory Cells and Fibrosis".

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