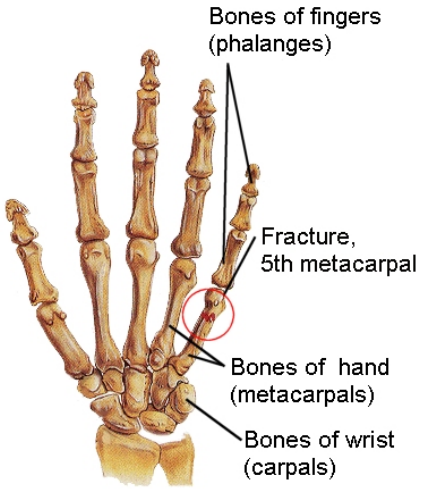
Hand Fracture
(Small (Fifth) Metacarpal Fracture)

The small metacarpal is the bone at the base of the little finger between the knuckle and the wrist. A fracture is a break in that bone. One of the fractures that is common to this bone is called a Boxer's Fracture.



TREATMENTS

These fractures can be treated with:

- Reduction (bones moved back into place), then pinned through the skin to maintain the position, and then casted for about six weeks or as your caregiver determines necessary.
- ORIF (open reduction and internal fixation) - the fracture site is opened and the bone pieces are fixed into place with pins and then casted for approximately six weeks or as your caregiver determines necessary.

Your caregiver will discuss the type of fracture you have and the treatment that should be best for that problem. If surgery is the treatment of choice, the following is information for you to know, and also let your caregiver know about prior to surgery.

LET YOUR CAREGIVERS KNOW ABOUT THE FOLLOWING:

- Allergies
- Medications taken including herbs, eye drops, over the counter medications, and creams
- Use of steroids (by mouth or creams)
- Previous problems with anesthetics or novocaine
- Possibility of pregnancy, if this applies
- History of blood clots (thrombophlebitis)
- History of bleeding or blood problems
- Previous surgery
- Other health problems

FOLLOWING SURGERY

After surgery, you will be taken to the recovery area where a nurse will watch and check your progress. Once you're awake, stable, and taking fluids well, barring other problems you'll be allowed to go home. Once home an ice pack applied to your operative site may help with discomfort and keep the swelling down.

HOME CARE INSTRUCTIONS

- Follow your caregiver's instructions as to activities, exercises, physical therapy, and driving a car.
- Daily exercise is helpful for maintaining range of motion (movement and mobility) and strength. Exercise as instructed.
- To lessen swelling, keep the injured hand elevated above the level of your heart as much as possible.
- Apply ice to the injury for 15 to 20 minutes each hour while awake for the first 2 days. Put the ice in a plastic bag and place a thin towel between the bag of ice and your cast.
- Move the fingers of your casted hand at least several times a day.
- If a plaster or fiberglass cast was applied:
  - Do not try to scratch the skin under the cast using a sharp or pointed object.
  - Check the skin around the cast every day. You may put lotion on red or sore areas.
  - Keep your cast dry. Your cast can be protected during bathing with a plastic bag. Do not put your cast into the water.
- If a plaster splint was applied:
  - Wear your splint for 1 week or as directed or until seen again.
  - Do not get your splint wet. Protect it during bathing with a plastic bag.
  - You may loosen the elastic bandage around the splint if your fingers start to get numb, tingle, get cold or turn blue.

- Do not put pressure on your cast or splint; this may cause it to break. Especially, do not lean plaster casts on hard surfaces for 24 hours after application.
- Take medications as directed by your caregiver.
- Only take over-the-counter or prescription medicines for pain, discomfort, or fever as directed by your caregiver.
- Follow all instructions for physician referrals, physical therapy, and rehabilitation. Any delay in obtaining necessary care could result in permanent injury, disability and chronic pain.

SEEK MEDICAL CARE IF:

- Increased bleeding (more than a small spot) from the wound or from beneath your cast or splint if there is a wound beneath the cast from surgery.
- Redness, swelling, or increasing pain in the wound or from beneath your cast or splint.
- Pus coming from wound or from beneath your cast or splint.
- An unexplained oral temperature above 102° F (38.9° C) develops, or as your caregiver suggests.
- A foul smell coming from the wound or dressing or from beneath your cast or splint.
- You are unable to move your little finger.

SEEK IMMEDIATE MEDICAL CARE IF:

You develop a rash, have difficulty breathing, or have any allergy problems.

If you do not have a window in your cast for observing the wound, a discharge or minor bleeding may show up as a stain on the outside of your cast. Report these findings to your caregiver.

MAKE SURE YOU:

- Understand these instructions.
- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

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