

**MIKE FOSTER**  
**Hand Wrist and Elbow Surgeon**  
**Scaphoid Fractures**

**Problem**

- The scaphoid bone has broken leading to pain and discomfort on the radial side of the wrist.

**Cause**

- This is usually a relatively high energy injury, falling on an outstretched hand, sufficient enough to break the bone.
- The scaphoid has a tenuous retrograde blood supply, and is surrounded by synovial fluid. This makes it one of the commonest components to develop a non union.

**Diagnosis**

- There is pain in the snuffbox.
- Weakness of grip strength.
- Decreased wrist movement.
- X-rays usually confirm the diagnosis.
- MR scan can be used to detect hairline fractures.

**Treatment**

- If the scaphoid fracture is undisplaced and distal this can be treated non operatively in a scaphoid cast for a period of eight to twelve weeks.
- Displaced fractures or proximal fractures, are best treated with open reduction, internal fixation with a headless compression screw.

**Potential Complications**

- Infection, haematoma, stiffness in the wrist.
- Non union or malunion.

**Post Op Care**

- Most scaphoid fractures treated operatively or non operatively will go into a plaster for a period of between eight to twelve weeks, depending on the degree of displacement and the position of the fracture.
- A CT scan can be used to ascertain whether sufficient healing is taking place, if plain films are inconclusive.