

**MIKE FOSTER**  
**Hand Wrist and Elbow Surgeon**  
**Metacarpal and Phalangeal Fractures**

**Problem**

- The bone is broken

**Cause**

- Usually some external trauma has led to enough force to break the bones.

**Diagnosis**

- Pain and discomfort over the fracture site.
- X-rays usually confirm the diagnosis.
- Occasionally CT scans and MRI scans are used to delineate the extent of the fracture, or reveal hairline type fractures.

**Treatment**

- Most hand fractures can be treated non operatively with casting and splinting over a six to eight week period, if they are stable and don't have any significant angular deformity and don't have any significant steps in the joint surface.
- Surgical treatment is required for unstable fractures, fractures with significant deformity or intra-articular fractures where there is an incongruity of the joint surface.
- Usually acute fractures are dealt with through the Hand Service at Middlemore Hospital, requiring a general anaesthetic and open reduction with small plates, screws and wires.

**Potential Complications**

- Infection, haematoma, neurovascular injury.
- Stiffness of the joints
- Failure of the fracture to heal in a satisfactory position.

**Post Op Care**

- The patient is usually discharged in a plaster slab.
- Seen by the hand therapist at an early stage for protective splints and gentle active motion
- Healing time is usually about six weeks.