



# Fractured leg or arm

## Information for parents

Your child has been admitted to the children's ward so that their fracture (broken bone) can be treated. The fracture needs to be reduced (put in a good position while it is healing). As this is a painful procedure your child will be given a general anaesthetic.

Your nurse will discuss your child's admission with you and prepare them for theatre. Usually an injection is given in the hand to send your child to sleep, to prevent this from hurting "magic cream" which numbs the skin is applied to your child's hand or foot before they go to theatre.

The anaesthetist (the doctor who will put your child to sleep) will discuss your child's medical history with you. The anaesthetist may also prescribe painkillers to be given before the operation so they can start working before your child feels any pain.

You may go with your child to theatre, the play specialist or nurse can distract your child while the anaesthetist puts your child to sleep.

### **When will my child go to theatre?**

Your child needs to be safely prepared for theatre. It is important to have an empty stomach as this reduces the risk of vomiting during anaesthetic which is a very serious complication. Your child should not have any food for 6 hours (this includes chewing gum) or clear fluids for 2 hours. The doctor will plan to operate as soon as a place is available in the theatre. If there are any delays your nurse will keep you informed of the expected time of operation.

### **What does the operation involve?**

Your child will be given a general anaesthetic so that they will be asleep during the operation. The bones will be put in alignment (correct position) to heal, an X-ray will be taken to check the position and a plaster of paris will be applied.

### **What happens after the operation?**

The nurse will monitor your child by checking their pulse and breathing, and elevate the leg or arm on a pillow or a sling. Regular assessment will be made of the circulation and nerve supply of the limb in plaster, so that any problems can be treated promptly.

Possible problems include:

- Swelling may cause the plaster to become tight producing pain in the fingers or toes. The plaster may require trimming or splitting, and rarely, re-plastering to correct this.
- A rare but serious complication is "compartment syndrome" causing severe swelling and pain in the muscle that restricts blood flow and alters nerve supply to the limb.

### **When can I take my child home?**

Your child will need to have been observed on the ward for a minimum of 4 hours after the operation, have tolerated a drink and something light to eat, be comfortable, and have no swelling around the plaster.

If your child has a broken leg they will need to be able to use crutches safely before they can go home, this is usually the next day. Some fractures are more complicated and your child will need to stay in hospital for a few days.

### **Will my child feel pain?**

Your child may feel discomfort, so they will be given analgesia (pain killers) before, during and after the operation. Your child will be given pain killers to take home.

Please check the instructions on the bottle and give them regularly for the first few days. **Paracetamol** was given at.....and can be given again if needed after 4-6 hours. **Ibuprofen** was given at..... and can be given again if needed after 6-8hours. Distracting your child using toys and games may help reduce the need for painkillers. -----

To prevent the fingers or toes becoming swollen and painful, keep the arm raised in the sling provided, and when resting lift the arm or leg up on pillows or cushions. It is important to encourage your child to exercise their fingers or toes as instructed, and move their shoulders and hip, in order to keep the circulation moving and avoid the joints becoming stiff. Avoid places where your child may get the leg or arm knocked.

### **When will I need to bring my child back to hospital?**

Usually your child will be seen in the fracture clinic in one week. You will be given an appointment card before you leave the ward, or it will be sent to you by post.

### **In the meantime please phone for advice if:**

- the plastered limb becomes painful or swollen,
- the fingers or toes become swollen, cold or blue/white,
- the fingers or toes get pins and needles (tingling),

**Elevate the limb for 15 minutes before phoning the ward to see if this relieves any of the above.**

- the plaster start to smell or there is a discharge from the plaster,
- the plaster gets wet or cracked (do not try and mend it yourself),
- your child seems generally unwell,
- you are worried about your child's recovery.

### **Do not?**

- press or draw on the plaster while it is still wet. (about 24 hours),
- apply heat to dry the plaster, the plaster retains heat and it could burn your child,
- get the plaster wet as this makes it crumble,
- scratch under the plaster with objects such as a knitting needle pencil or ruler,
- trim or cut the plaster.

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