

Broken bone in the upper arm

Information for patients, parents and guardians

A fracture just above the elbow (known as a supracondylar fracture) is a break in the humerus - the long bone between the shoulder and elbow. It can range from a thin crack to a complete break and is likely to cause the arm to be misshapen and swollen. This factsheet aims to explain the injury and its treatment, but if you have any further questions your child's healthcare team will be happy to answer them.

Causes

It's commonly caused by a fall onto an outstretched arm.

Investigations your child will have

Your child will have x-rays to confirm the position and type of break and help the doctor to decide the best treatment.

Treatment of an undisplaced (simple) fracture

If the broken bone is still in position it is known as an undisplaced (simple) fracture. A soft padded collar and cuff will be put on to hold the arm bent at the elbow for comfort (like a sling). Your child may be taken to the ward to be checked overnight. This is to make sure that the fracture has not affected the blood circulation or nerves to the hand.

Treatment of a displaced fracture

If the broken bone has moved out of position (misaligned), it is known as a displaced fracture. The ends of the bone will need to be manipulated into the correct position so that the break can heal properly. If the ends of the bone can't be kept in the correct position then surgical wires (K wires) may be

used to keep them in place. A general anaesthetic (medicine to make your child go to sleep) may be needed, and your child will probably need to stay on the ward overnight. A half plaster (backslab) is put on to keep the arm in the right position. It allows room for expected swelling at the fracture site. After an operation, the arm is kept raised to help reduce the swelling. The nurse will closely monitor the circulation, sensation and movement of the fingers. Your child will be given pain relief to keep them comfortable.

What happens if I decide against my child having an operation?

The bone will heal in a bent position. This may affect the function of your child's elbow. Your child's healthcare team will be able to give you more information about this, if you have further questions.

Going home

This is usually the following day, providing your child is comfortable and has normal movement and sensation to the fingers of the affected arm. If wires have been inserted your child may need to stay on the ward overnight.

At home

Your child will need to wear a sling to support the arm for the first week. When they are sitting down or in bed, encourage them to keep their arm elevated on pillows to keep swelling to a minimum. Encourage your child to keep moving their fingers. For discomfort and pain you can give your child paracetamol or ibuprofen. These can be bought from a pharmacy and should be given as instructed on the bottle or packet.

Returning to school

We advise you not to send your child back to school until after their first outpatient appointment.

Follow up appointments

You will be given an appointment for the outpatient clinic. X-rays are then taken to check the position of the bone/s and the healing process. The half plaster cast will be changed to a full plaster cast at this appointment. Any wires used to secure the bone will be removed four weeks after the surgery, either in clinic or in theatre under a general anaesthetic. Your child's doctor will discuss the two options with you, and your child if appropriate.

Possible complications

The healthcare team will ensure your child's stay in hospital and the treatment they receive is as safe as possible, however complications can sometimes occur. These are outlined below but you should ask the healthcare team if there is anything you do not understand.

Complications from general anaesthetic

Your child's anaesthetist will discuss this with you before the operation.

General complications of surgery

- Pain: your child's pain will be assessed and pain relief given.
- Bleeding: this can happen during or after surgery, if wires have been used, or if a small incision has been made to help put the bone ends in the right position.

- Infection in the surgical wound: this usually settles with antibiotics but may sometimes need further surgery.
- Scarring of the skin: from the surgical excision (cut).

Specific complications of surgery

- Loss of position: if the surgical correction slips and the ends of the bone go out of position, it could mean more surgery is needed.
- The K wires become infected: this is rare. If this occurs, the K wires will have to be taken out and antibiotics prescribed.
- Surgical nerve injury: there may be altered feeling at the operation site, this may be temporary or permanent.

If you have any questions or concerns please contact:

The nurse practitioners: 023 8120 4991 or mobile: 07584 402438

Switchboard: 023 8077 7222, bleep 2641

Ward G3: 023 8120 6486

Your child's GP

Useful links

NHS Choices

www.nhs.uk/conditions/broken-arm/Pages/Introduction.aspx

If you need a translation of this document, an interpreter or a version in large print, Braille or on audiotape, please telephone **023 8120 4688** for help.

www.uhs.nhs.uk/childrenshospital