

Self-Care for Fractures of the Radial Head

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Introduction

Radial head and neck fractures are the most common fractures of the elbow. But most of them are treated conservatively anyway. Do all of them really need to be seen again in clinic?

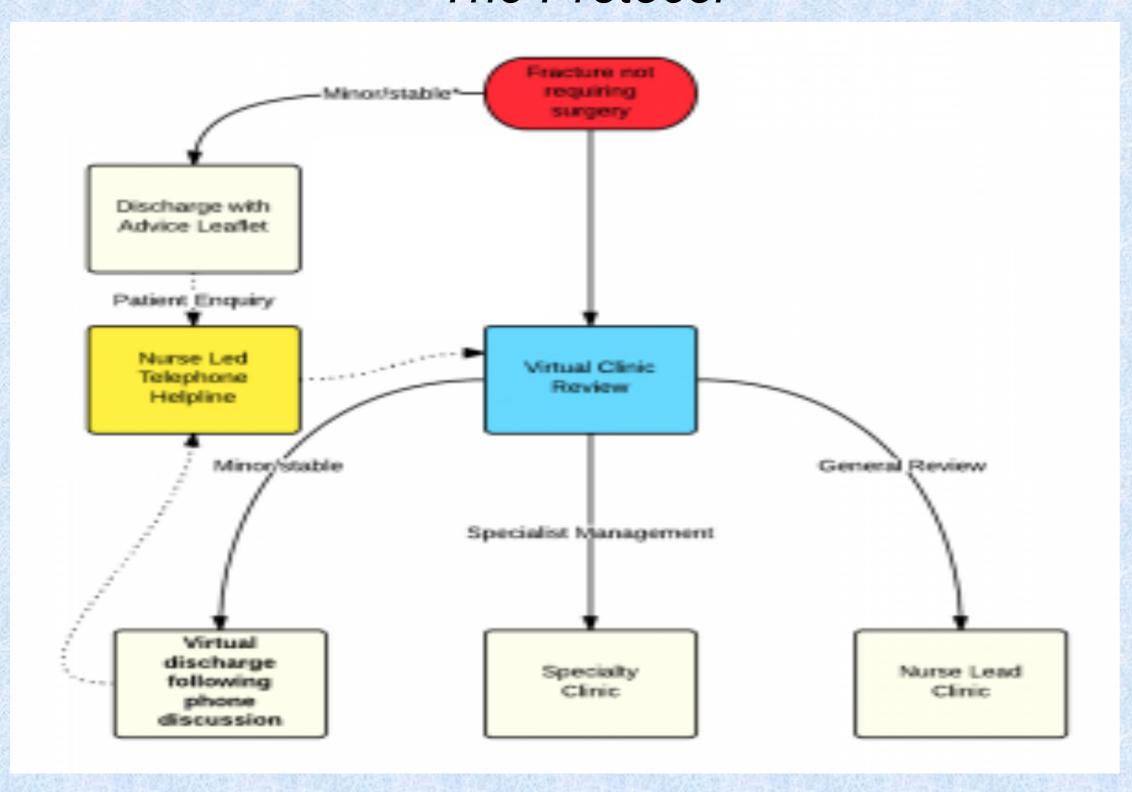
Mason I fractures are usually treated conservatively; Mason III or IV fractures are usually treated surgically, but there is disagreement about how to treat Mason II fractures.

Aims

- 1. To evaluate a new protocol where patients are not automatically seen in fracture clinics
- 2. To investigate whether Mason II fractures can be safely treated conservatively

Materials & Methods

The Protocol



The Study

- All radial head or suspected radial head fractures between Oct 2011 and Oct 2012 were audited
- 209 injuries in 208 patients (mean age 36, range 5-88)
- Classified according to Mason system by Orthopaedic Consultant
- Contacted at least 6 months later by mail or telephone and retrospective audit carried out

Type of injury	Number	
No evidence of	31 (14.8%)	
fracture		
Positive fat pad	67 (32.1%)	
sign only		
Radial neck	24 (11.5%)	
fractures		
Osteoarthritic	3 (1.4%)	
Mason type I	38 (18.2%)	
Mason type II	42 (20.1%)	
Mason type III	1 (0.5%)	
Complex elbow	3 (1.4%)	
fractures		
Total	209	

Results

Question		Total number of patients	No. of positive responses
Satisfaction with injury outcome	Mason I	28	23 (82.1%)
	Mason II	35	32 (91.4%)
	Radial neck	16	14 (87.5%)
	Fat pad	54	53 (98.1%)
	No evidence of fracture	22	20 (90.9%)
	Osteoarthritic	2	2 (100%)
	Total	157	144 (91.7%)
Satisfaction with information leaflet		150	142 (94.7%)
	h the helpline vice	15	14 (93.3%)

- 1 Mason III and 3 complex injuries excluded from study as they were admitted immediately
- 156/204 (157 injuries) patients contacted (76.4%)
- 7 patients did not remember the information leaflet
- 67 patients reviewed in virtual clinic. Only 22 patients were reviewed in clinic (37 visits total)

Conclusions

- Excellent overall satisfaction and Mason II satisfaction rates, comparable to those with no bony injury on X-rays. Adds to evidence that Mason II fractures can be treated conservatively
- Over 200 clinic visits saved with very large time and financial costs avoided.
- New protocol is patient-centred, safe, effective and efficient

Acknowledgements

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