

# **Distal Radius Open Reduction and Internal Fixation**

## **Understanding Your Risks**

This document outlines the potential complications associated with **distal radius open reduction and internal fixation (ORIF)**. This is a surgical procedure performed through an incision in the wrist to realign a fractured distal radius and stabilize it using internal fixation devices such as plates and screws.

The usual purpose of surgery is to restore alignment of the wrist, promote fracture healing, improve pain and function, and reduce the risk of long-term stiffness, deformity, or arthritis in patients with displaced, unstable, or intra-articular distal radius fractures.

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### **Risks:**

- **Persistent or recurrent wrist pain**
- **Incomplete fracture healing or delayed union**
- **Nonunion or malunion**
- **Stiffness or loss of wrist and finger motion**
- **Decreased grip strength**
- **Tendon irritation, rupture, or adhesion (including extensor or flexor tendons)**
- **Nerve injury** (including median nerve, superficial radial nerve, or ulnar nerve injury)
- **Carpal tunnel syndrome or worsening of pre-existing symptoms**
- **Infection** (superficial or deep)
- **Bleeding or hematoma formation**

- **Hardware-related complications** (loosening, breakage, prominence, or need for removal)
- **Post-traumatic arthritis**
- **Complex regional pain syndrome (CRPS)**
- **Need for revision surgery or additional procedures**
- **Medical complications** (deep vein thrombosis, pulmonary embolism, cardiac or pulmonary events—rare)
- **Death** (extremely rare)

**Risk Factors for Increased Complications:**

- **Severe fracture comminution or intra-articular involvement**
- **Osteoporosis or poor bone quality**
- **Smoking or tobacco use**
- **Diabetes or other medical comorbidities**
- **Advanced age**

**Patient Acknowledgment:**

By signing below, the patient acknowledges understanding of the above risks associated with Distal radius open reduction and internal fixation and all questions have been answered to the patient's satisfaction.

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

