



External Fixator



An external fixator is an orthopedic device which is used by orthopedic surgeons to treat complex, unstable fractures of both the upper and lower extremities. It is perhaps most frequently used in fractures around or involving a joint in an effort to restore the joint. The external fixator, used for a wrist (or distal radius) is the most common application nationally.

If the wrist is shattered, for example, in a fall and the wrist is impacted, the application of an external fixator device can frequently treat the fracture far more effectively than a cast alone. Fixators have not replaced casts by any means, but are necessary when the broken bone may shift and change position in a cast. A fixator can hold the bone fragments much more rigidly than a cast and was, in fact, invented prior to the first plaster cast!

Fixators require an operation to insert the metal pins through the skin, which are placed on either side of the fracture site to provide fracture stability. Two are placed in one of the metacarpal bones, usually the second metacarpal, and two other pins are placed in the forearm bone known as the radius.

A padded fiberglass splint is often used to also support the injured part in addition to the placement of the fixator. The areas of the skin where the pins are inserted need to be cleaned on a daily basis. Patients are encouraged to move their fingers often throughout their treatment to prevent stiffness and swelling.

An external fixator is usually left in place for at least 6 weeks before it is removed. Some continued splinting support may be required for a period of time after the pins and fixator are removed.



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Please consult Dr. Haverbush or a physician for specific treatment recommendations.

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