

PERIOSTEAL BLOCK IN REDUCTION OF DISTAL END RADIUS FRACTURE: A PILOT STUDY

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INTRODUCTION:

Optimal analgesia is prerequisite for successful reduction. We present a case series of patients with distal end radius fractures who underwent closed manipulative reduction using periosteal block instead of conventional sedation. We describe the technique and determine its efficacy in pain lowering effect during closed reduction.

METHODS:

The case series of 19 patients with distal end radial and ulnar fractures who presented in our Centre were included. They were grouped based on fracture configuration using Frykman classification. Closed manipulative reduction was done with aid of periosteal block. Severity of pain recorded using Visual Analog Score (VAS) systems in 5 different phases. All Periosteal blocks were done by single operator. Vital sign and any side effect of local anaesthesia in recorded

RESULTS:

Average pain score pre-manipulation is 7.62. There was significant pain seduction after periosteal block infiltration which showed in Figured 1. There is no significant different of pain score when compare between each fracture configuration. During full manipulation, the procedure was described as painless in 4 (21 %) patients; 12 (63 %) suffering minimal pain; 3 (16%) patients suffering painful event and required rescue analgesia. There were no direct complications from any of the periosteal nerve blocks given. There were no direct complications recorded.

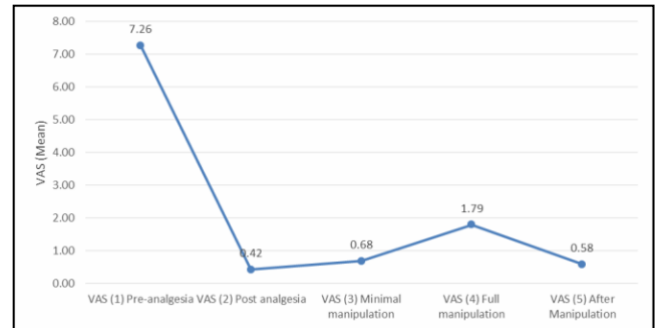


Figure 1 : Comparison of pain score (VAS) progression.

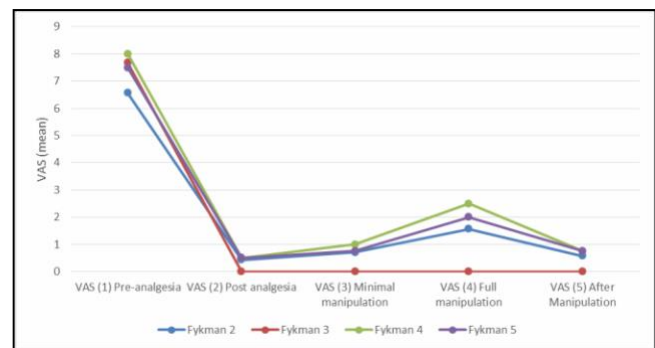


Figure 2 : Figure 4 : Comparison of pain score progression in each fracture configuration

CONCLUSION:

Periosteal nerve blocks is a simple and yet very effective new technique which provide good analgesia and facilitate the reduction of distal radial and ulnar fractures.

REFERENCES:

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