#### **Finger and Hand Fractures**

Fractures (breaks) of the hand and fingers are very common. These fractures heal very quickly, often within 3 weeks. If not treated within that time frame, the fracture can heal in poor position, often permanently compromising hand function. Some think "it's just a sprain" or "if it was broken then I couldn't move it". Unfortunately, these notions are false. Many times, only an X-ray can tell for sure whether a finger is fractured. If the bone fragments have moved, surgery will often be required to allow the bone to heal in the correct position. All fractures do better when treated earlier. Small bones are surrounded by the tendons that move the fingers. As the bones heal, they scar to these tendons, leading to finger stiffness. The sooner the fracture is treated, the quicker motion can be started, and the less permanent stiffness will occur.

#### **Wrist Fractures**

The large bone of the wrist, the distal radius, is the most commonly broken bone in the entire human body. If the fracture hasn't been displaced it may be treated in a cast. If significant displacement has occurred, these fractures are best treated by surgical fixation using a plate. The scaphoid, the largest of the small bones of the wrist, is one of the worst bones in the entire arm to break. If not treated early, scaphoid fractures often fail to heal and can collapse, leading to wrist pain, stiffness and arthritis. Scaphoid fractures often aren't visible on X-rays for 2 weeks. Because it's very important not to miss them, the current protocol for a suspected scaphoid fracture is to either place a cast on the wrist for 2 weeks and then take repeat X-rays or to obtain an MRI, which can detect a fracture within 24 hours. If a scaphoid fracture is treated within 4 weeks using a minimally-invasive technique, it usually heal quickly, without significant stiffness, and it's almost like the fracture never happened.

#### **Elbow Fractures**

The elbow is a commonly fractured joint. The elbow is prone to stiffness and many of its fractures are part of highly complex injury patterns, involving multiple fractures and ligament injuries. If not treated in a timely fashion, permanent stiffness and dysfunction may result. These injuries are best treated by orthopedic specialists with experience fixing elbow fractures and ligament injuries.

#### **Flexor Tendon Lacerations**

Tendon injuries can be devastating, life-changing events. The flexor tendons are the rope-like structures that bend the fingers and thumb down. If a flexor tendon gets cut, it's a big problem. These tendons run through tight tunnels, so there's no room left for swelling or scar tissue. Cut flexor tendons quickly scar to their tunnel, leading to stiffness. Depending on where it's cut, the flexor tendon may only live for 2 to 6 weeks before it dies. liquefies and becomes irreparable. So tendon lacerations need to be repaired quickly. When the tendon is cut and retracts, there's nothing left in the tunnel to keep it open, and the tunnel narrows. After 2 weeks, the narrowed tunnel pinches the repaired tendon, making it more likely that the tendon will get stuck in the tunnel after surgery, increasing the chance that a second surgery would be required to regain motion. Hand therapy after surgery is very intensive, and can inconvenience a person's schedule for weeks-months after surgery. Post-operative therapy is just as important as the surgery. The surgery will not be successful without significant therapy.

#### **Nerve Lacerations**

Nerve lacerations lead to numbness of the fingers. If a nerve in the finger or hand is cut, it needs to be repaired in order to regain sensation at the fingertip. Timing is not as critical as for tendon injuries. Sharp nerve lacerations, without damage to the nerve ends, can often be repaired directly. Most nerve lacerations involve some crush or larger area of injury. These are best repaired by removing the injured area of nerve and placing the cut ends into a bioabsorbable tube so they can heal together.

#### **Rotator Cuff Tears**

The rotator cuff is made up of the tendons that elevate the shoulder. Rotator cuff tears result in significant pain. If the tear is large, the ability to elevate the arm may be lost. If the rotator cuff is torn due to a fall or other trauma, function and pain relief are best restored through surgery. Rotator cuff tears can be repaired arthroscopically as an outpatient procedure. Arthroscopic rotator cuff repair has less pain and stiffness compared to traditional repair techniques.

For Appointments Call: 713-333-ARMS (2767) www.ReArmYourselfTexas.com



Dr. Budoff is a nationally-recognized Upper Extremity Surgeon who has edited 7 textbooks, published over 45 original research papers and written 23 textbook chapters.

Dr. Budoff graduated Cum Laude from Harvard University and with honors from Cornell Medical School. He completed his residency in Orthopaedic Surgery at the University of California, Irvine. In order to obtain expertise covering the entire upper extremity, he completed two fellowships, one in Hand Surgery and the other in Sports Medicine. He is board certified in Orthopaedic Surgery and has a Certificate of Additional Qualification in Hand Surgery.

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# Jeffrey E. Budoff, MD

Specialist in Surgery of the Hand, Wrist, Elbow & Shoulder Board Certified Orthopedic Surgeon Certificate of Additional Qualification, Hand Surgery



- Endoscopic Carpal Tunnel Release
- Endoscopic Cubital Tunnel Release
- Trigger Finger Release
- Tendon and Nerve Repairs
- Hand & Wrist Pain
- Sports Injuries
- Fractures
- Dislocations
- Arthritis
- Wrist, Elbow & Shoulder Arthroscopy
- Tennis Elbow
- Arthroscopic Rotator Cuff Repairs
- Fellowship Trained in Sports Medicine

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