



UNDISPLACED LATERAL CONDYLE FRACTURE INFORMATION SHEET

FRACTURE DESCRIPTION

- Your child has a LATERAL CONDYLE FRACTURE of the HUMERUS which is a fracture into the elbow joint (see Figure 1)
- These are a common fracture of childhood.
- The whole extent of the fracture can not be seen on the xrays, because most of the elbow joint is cartilage at this age
 - The fracture line goes through the cartilage and into the elbow joint, making the fracture much more extensive than it appears on the xray (see Figures 2 and 3)
- These fractures can be
 - Undisplaced (bones are in perfect alignment) (see Figure 1) OR
 - Displaced (the bones are out of alignment) (see Figures 2 and 3)
- Your child has an **UNDISPLACED lateral condyle fracture of the elbow**
- Because the bones are in good alignment, and this is a stable fracture, there is no need for an operation to align the bones or stabilise them.
 - However, it is very important to return for repeat xrays in 5 and 10 days to ensure that the alignment continues to be satisfactory as the fracture heals

Anatomy and xray examples

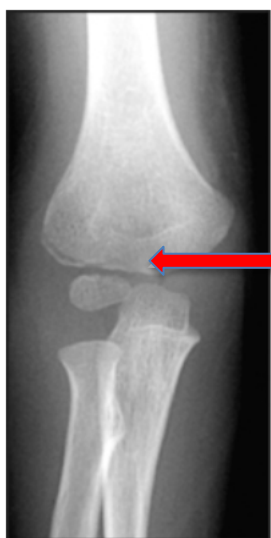


Figure 1. Schematic diagram of minimally displaced lateral condyle fracture



Figure 2. Xrays of a displaced lateral condyle fracture of the elbow

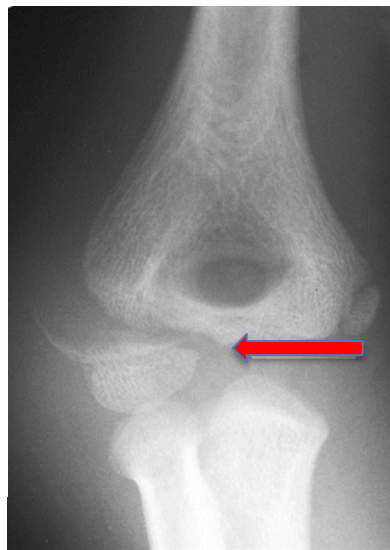


Figure 3. Xrays of a displaced lateral condyle fracture of the elbow

MANAGEMENT

- Your child will be placed in a backslab and a sling to keep the fracture still so it doesn't move or cause pain.
- The arm should be placed under loose fitting clothing (not through the sleeve of the arm).
- Fractures can be painful and have a tendency to swell, especially in the first few days.
- Simple pain medication such as paracetamol and ibuprofen are usually effective
- When your child is not moving, rest the elbow and hand above the level of the heart (centre of the chest) to minimise swelling (see **Cast Care for the Arm Information Sheet**).
- Encourage frequent finger movement



FOLLOW UP

- Your child will see Dr Graff at 5-7 days to have another series of xrays of the elbow
 - If the fracture has moved, there may be a need for surgery (see Lateral Condyle Fracture Displaced Information Sheet)
- Your child will then be placed in a full plaster
- Your child will see Dr Graff again in another 5-7 days for another xray in plaster
- If the fracture is still well aligned, your child will see Dr Graff again 4 weeks after this (6 weeks after the fracture), to remove the plaster and have another xray out of the plaster
 - If the fracture is healing well, movement of the elbow commences

WHAT TO EXPECT

- See Cast Removal Information Sheet
- When the plaster is removed, the elbow will be very stiff with decreased movement.
 - This resolves slowly, often over a period of months.
 - It can take up to one year for full movement to return

WHAT CAN GO WRONG

- Swelling
 - Swelling can be severe with these fractures
 - Your child will be monitored overnight in the hospital after the surgery
- Stiffness
 - This resolves slowly, often over a period of months.
 - It can take up to one year for full movement to return
- Lateral spurring/overgrowth
 - The outside part of the elbow can sometimes grow too much after this injury
 - This can cause a bump on the side of the elbow, and change the appearance of the elbow, but does not affect the function
- Growth disturbance
 - Occasionally, the growth plate around the fracture can be damaged
 - This can lead to malalignment of the elbow as your child grows, which can stretch a nerve in the area
 - Your child will be monitored for any growth problems with clinical review and xrays up to 6 months after the fracture
- Non union
 - Occasionally, this fracture does not heal and requires surgery
- Malalignment of the fracture
 - Occasionally, the fracture can move and heal in a position that is not like the other elbow
 - Rarely, this will require surgery when the child is older

ALSO READ:

- **Cast Care for the Arm Information Sheet**
- **Cast Removal Information Sheet**