



SUPRACONDYLAR ELBOW FRACTURE (UNDISPLACED/ MINIMALLY DISPLACED) INFORMATION SHEET

FRACTURE DESCRIPTION

- Your child has a SUPRACONDYLAR FRACTURE of the HUMERUS, which is a fracture just above the elbow (see Figure 1)
- These are one of the most common fractures of childhood.
- These fractures can be
 - Undisplaced (bones are in perfect alignment) or minimally displaced (the bones are in a good alignment) (see Figure 1 and 2) OR
 - Displaced (the bones are out of alignment) (see Figure 3)
- Your child's fracture is UNDISPLACED or MINIMALLY DISPLACED (see Figure 1 and 2)
- Because the bones are in good alignment, and this is a very stable fracture, there is no need for an operation to align the bones or stabilise them.

Anatomy and xray examples



Figure 1. Schematic diagram and xray of an undisplaced supracondylar elbow fracture

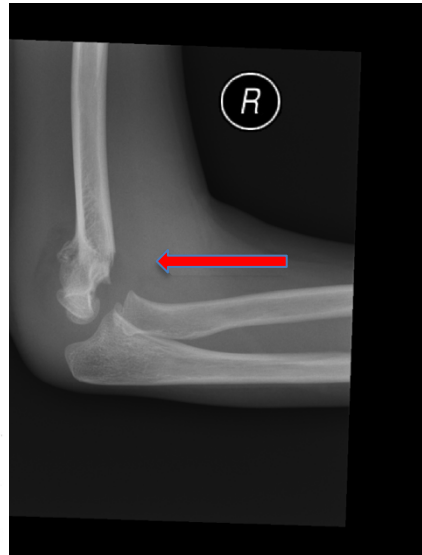
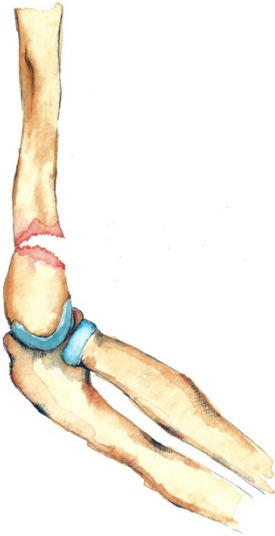


Figure 2. Schematic diagram and xray of a minimally displaced supracondylar elbow fracture

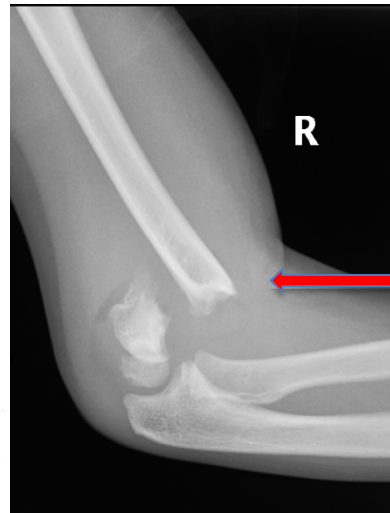
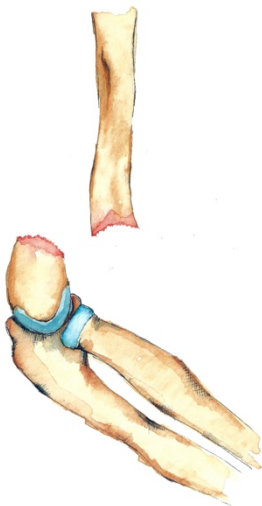


Figure 3. Schematic diagram and xray of a minimally displaced supracondylar elbow fracture

MANAGEMENT

- Your child will be placed in a backslab or a sling (called a collar and cuff) to keep the fracture still
- The arm can be placed under loose fitting clothing (not through the sleeve of the arm).
- Fractures can be painful and, 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
- Check your child has normal finger movement and feeling, and that the fingers are pink, during the first few days.



FOLLOW UP

- Most children with stable fractures do not need another xray.
 - Occasionally, an xray is performed at 1 -2 weeks, to ensure that the fracture alignment is still satisfactory.
 - Some bend at the fracture site is often accepted, due to fracture remodelling
- The collar and cuff will be removed at 3-4 weeks, and gentle movement of the elbow is allowed.
- A sling may still be required for school for 1-2 weeks.

WHAT TO EXPECT WHEN THE SLING/BACKSLAB COMES OFF

- See **Cast Removal Information Sheet**
- When the collar and cuff is removed, the elbow will be very stiff
 - This resolves slowly, often over a period of months.
 - It can take up to one year for full movement to return
- Children often do their own physiotherapy, and formal physiotherapy is usually not required
- Contact sports and heavy use of the arm (gymnastics, cartwheels, climbing etc) should be avoided for a month after the cast or collar and cuff are removed.

ALSO READ:

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