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Fractures

Literature Review

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Fractures

A fracture is defined as a complete or incomplete disruption in the continuity of bone structure and classified by type and severity of the injury (Boyer, 2010). When a person experiences a fracture, they must seek treatment as quickly as possible to avoid any long term damage. There are 206 bones in the human body. Meaning there is a high risk of fracturing a bone. While some fractures can be minor and require little to no medical intervention such as breaking a finger or toe, there are more severe fractures such as a fractured pelvis or spine that could be deadly (Linton, 2016). This paper will examine different types of fractures based on the experiences of the patients.

The impact of wrist fracture, surgical repair, and immobilization on patients: a qualitative study.

The main objective of this study was to analyze the experiences of patients that recently had wrist fractures and required surgery and short term immobilization of the wrist (Watson, Martin, & Keating, 2018). Broken bones can be a very traumatic experience, especially if surgical intervention is needed. It can change a person's life for a short period, or the aftermath of it can affect a person for their lifetime (Hinkle, Brunner, Cheever, & Suddarth, 2014). It is crucial as healthcare workers that we provide a continuity of care for patients throughout their journey of healing.

Key Points

The authors of this article used a qualitative study which involved patient interviews following surgical intervention for a wrist fracture. The investigation started by dividing the participants in three groups representing the length of time immobilization occurred which included one, three,

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and six weeks following surgery (Watson, Martin, & Keating, 2018). Interviews were conducted three months after the participants had their cast removed and talked about their experiences as a whole. This included the care before, during, and after healing. One of the most significant aspects of medical care is education and making sure patients have the resources that they need.

Assumptions

Two main assumptions came from the research of the authors. One is that the mechanism of injury was widely varied, and the second was that the patients want a more trustworthy relationship with healthcare providers (Watson, Martin, & Keating, 2018). The participants of the study were very vocal about the difficulties of suffering from a wrist fracture, and they felt that the overall involvement was lacking in regards to patient care. Participants stated that the lack of empathy and education they received was very disappointing, and furthermore made the healing process difficult.

Deficit/Conclusion

Fracturing any part of the body big or small can be a life-changing event. Short term life is affected due to the immobilization of the bone, while long term effects are unknown. This can cause a lot of anxiety and stress for patients (Hinkle, Brunner, Cheever, & Suddarth, 2014). As healthcare workers, it is essential to educate our patients and make sure they understand every aspect of their care. Recovering from a fracture can seem like a long process and cause many complications along the way, so pain management and education are the most significant factors in dealing with fractures.

A qualitative study of patients' experience of recovery after a distal femoral fracture

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Distal femoral fractures can be very painful and challenging to recover. It is essential to understand the recovery process and all the different resources a patient will need. While patients may require surgery to fix the fracture, they will also need lots of support at home as well as physical therapy (Phelps, Tutton, Griffin, & Baird, 2019). Providing proper education to the patients and using resources such as consulting this physical therapy, occupational therapy, and case management, we can ensure a successful recovery for patients.

Key Points

Three key points are taken from this article. First, patients need much support, especially once they return home to recover. Some patients may not be able to perform their activities of daily living and may require additional help at home. Meaning either family or professional help. The second key point is that once the patients discharge from their initial hospital stay, they will struggle. Lastly, patients struggled with rehabilitation because of lack of support and confidence of achievement (Phelps, Tutton, Griffin, & Baird, 2019).

Assumptions

This study conducted with eleven patients and interviewed about their treatment, recovery, and experiences overall. As a whole, the patients stated that knowing about the treatment plan for their specific case and recovery was essential to the healing process. The patients also reported that finding help at home and for their activities of daily living were challenging. The majority did not have access to help and were forced to improvise and figure out care on their own. Lastly, the rehabilitation process was complicated. Across the board, recovery was a very different experience for all eleven patients. Ranging from having no support of limited access to physical therapy to patients that had the full support and access to numerous physical therapy sessions. Recovery was very much linked to support as well as one's ability and confidence. Some patients

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felt that they could not perform the tasks asked by them and had low self-esteem for accomplishment (Phelps, Tutton, Griffin, & Baird, 2019).

Deficit/Conclusion

Overall the conclusion drawn from this article is that patients suffering a distal femoral fracture require several factors for a successful recovery. Education is critical to their patients, knowing what the treatment will be involving surgery or other methods and how the recovery will work for them. It was also very evident that support for these individuals is essential as well. The healing time for a distal femoral fracture will take a while, and these individuals need assistance to function in everyday life (Linton, 2016). This article highlighted the struggles that individuals face with this type of fracture, and the need for improvement to make a recovery easier.

Experience of patients waiting for a hip or pelvic fracture surgery – a qualitative study

While fracturing a bone can be very traumatic in itself, it can also be very traumatic waiting to have surgery. This article used a qualitative study to evaluate patient's experiences while waiting for the repair of a fractured hip. Not only does the recovery of a hip fracture take time, but there are many other aspects of care that need addressing before and after surgery (Gesar, Baath, Hedin, & Hommel, 2017).

Hip fractures are one of the more severe types of fractures, and it can take much time to heal depending on many external factors (Hinkle, Brunner, Cheever, & Suddarth, 2014).

Key Points

The critical point of this article shedding light on the amount of time that it took a patient to have surgery even though guidelines stated for a quick treatment process. The study shows that patients who have a lengthy time between injury and surgery harm their physical and

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psychological health. Every patient experiences things differently, and while some may adjust to a delay in treatment, others cannot. The amount of time spent waiting depended on pain management and entertainment provided by family or friend (Gesar, Baath, Hedin, & Hommel, 2017).

Assumptions

A qualitative approach used for this study. The participant's ages were 33-89 years old. The average waiting time between injury and surgery was 68 hours. However, the participants agreed that by having knowledgeable staff and were included in the plan of care, it helped to ease the anxiety of waiting. Pain management and having someone to help them were also main concerns. Overall the waiting time needs to be less, and getting patients quickly on the road to recovery could easily result in more significant positive experiences (Gesar, Baath, Hedin, & Hommel, 2017).

Deficit/Conclusion

Some cases of a hip or pelvic fractures require a delay in surgical time to decrease the amount of swelling present. Making surgery and recovery faster. While this only happens in certain cases, this article focused on all operations and the wait times. It concluded that healthcare workers play a huge role in caring for their patients and provide comfort care and pain management to make the waiting more bearable.

Conclusion

Fracturing a bone can be a harrowing and long process depending on the location of the injury. Seeking immediate care is essential and but can also be very scary. As healthcare workers, it is

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our job to provide education to our patients (Linton, 2016). Out of the three articles reviewed the central theme seemed to be informing and educating clients and keeping them involved and active in their plan of care. Another central idea was to get treatment quickly so that patients get to the recovery phase fast. The last aspect was consulting outside resources such as care management, occupational and physical therapy to ensure that patients have all the tools to expedite recovery.

References

Gesar, B., Baath, C., Hedin, H., & Hommel, A. (2017). Hip fracture; an interruption that has consequences four months later. A qualitative study. *International Journal Of Orthopedic And Trauma Nursing*, 26, 43–48. <https://ezproxy.lakeviewcol.edu:2097/10.1016/j.ijotn.2017.04.002>

Hinkle, J. L., Brunner, L. S., Cheever, K. H., & Suddarth, D. S. (2014). *Brunner & Suddarths textbook of medical-surgical nursing*. Philadelphia: Lippincott Williams & Wilkins.

Lanz-Suter, E., & Mischke, C. (2017). Experience of patients waiting for a hip or pelvic fracture surgery – a qualitative study. *Pflege*, 30(1), 19–27.

<https://ezproxy.lakeviewcol.edu:2097/10.1024/1012-5302/a000525>

Linton, A. D. (2016). *Introduction to medical-surgical nursing*. St. Louis, MO: Elsevier.

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Phelps, E. E., Tutton, E., Griffin, X., & Baird, J. (2019). A qualitative study of patients' experience of recovery after a distal femoral fracture. *Injury*. doi: 10.1016/j.injury.2019.07.021

Watson, N. J., Martin, S. A., & Keating, J. L. (2018). The impact of wrist fracture, surgical repair and immobilization on patients: a qualitative study. *Clinical Rehabilitation*, 32(6), 841–851. doi: 10.1177/0269215518754614