

# BATTLING the ELEMENTS

Wrist fractures are the most common injuries sustained by snowboarders. Consultant Orthopaedic Surgeon, Mr Sam Gidwani explains how to prevent and treat wrist injuries



Snowboarders have both their feet strapped to their board, meaning whenever they fall, their natural instinct is to put their hands out to break the impact. Falls can occur without warning, as either the 'heel-side' or 'toe-side' edge of the board catches on the snow.

For first-timers, lessons from an instructor are essential in order to be taught how to fall safely. When falling forwards, fall first onto your knees and then onto the outer surfaces of the forearms with your elbows held flexed. When falling backwards, drop your centre of gravity by allowing your knees to flex and fall first onto your buttocks, before rolling onto your back. Keep your arms in, and bring your chin to your chest to avoid your head hitting the snow as you fall.

The use of wrist guards reduces the risk of serious wrist injury. There are a number of guards on the market, with some designs incorporated into gloves. There is a theoretical advantage to wearing a longer guard that extends some way up the back of the forearm, rather than a short guard that ends just above the wrist.

#### Which wrist injuries can occur?

Most commonly, the end of the radius is fractured. One of the eight small carpal bones in the wrist (the scaphoid) is also at risk. Other carpal bones can be injured, as can one of the key ligaments in the wrist; the scapholunate ligament. If your wrist is painful or swollen after a fall, a local doctor should examine it and X-rays should be taken. In more complex injuries, either a CT or MRI scan may be required.

#### What treatment will be required?

##### Emergency treatment

This will depend on the nature of the injury and the degree of displacement of any fracture. If there is no displacement, the wrist may simply be immobilised in a cast or splint. Where significant displacement is present, it is necessary to manipulate the fracture into a better position and then apply a cast, which is done under anesthesia or sedation. The hand should be elevated in a sling, painkillers prescribed and the fingers kept moving to prevent stiffness.

##### Definitive treatment

Depending on the local facilities when skiing abroad, it may be preferable to return to the UK for definitive treatment. This may simply mean maintaining a cast on the wrist for a period of five to eight weeks, from the time of injury.

However, some wrist injuries do need treatment with surgery, which could involve the insertion of wires, screws, or a plate. Once the bone or ligament has healed, a period of rehabilitation with a hand therapist will be required to regain as much wrist function as possible.

For further information or an appointment at the London Hand and Wrist Unit, call 020 7483 5000 or go to [londonhandandwristunit.co.uk](http://londonhandandwristunit.co.uk)

### MEET the specialist

Mr Sam Gidwani is an Orthopaedic Surgeon whose practice is entirely focused on problems of the hand, wrist and forearm. He consults at The London Hand and Wrist Unit at Wellington Hospital and Guy's & St Thomas' Hospitals.

## GP SESSIONS: ACTION ON SUGAR

Private GP at The Wellington Hospital, Dr Lisa Anderson looks at the hidden sugars in our food

The amount of sugar in our diets hit the headlines in the British press in January, as a result of recommendations by a group of specialists working together on both sides of the Atlantic. There is specific concern with the consumption of sugar and the effects on health. Specialists are working together with both the government and food industry to bring about a reduction in the amount of sugar that is contained in processed foods and to educate the public on the amount of sugar some food contains.

The typical Briton consumes about 12 teaspoons of sugar a day with some consuming up to four times this. At present, the World Health Organisation recommends a maximum of ten teaspoons a day, but it is argued that this should be halved to five.

Action on Sugar proposes to introduce a traffic-light labelling of added sugar to all processed food and drinks. This has previously been successful with the Action on Salt Campaign leading to much less salt being added to processed food.

So, what surprises are there out there in, what some perceive, as healthy food?

More information can be found at [actiononsalt.org.uk/actiononsugar](http://actiononsalt.org.uk/actiononsugar)

- Cereals – often contain a large amount of sugar per portion even though they are advertised as being the healthy option
- Fat free yoghurts can contain up to five teaspoons per 50g pot
- Some fruits (although natural sugars) can contain more than you suspect– e.g. bananas and melon
- Drinks – fruit juices and smoothies

A diet high in sugar can lead to obesity which is an ever increasing problem, particularly amongst children. Consuming high levels can lead to problems such as Type 2 Diabetes and the associated effects on health.



For further information or if you'd like to arrange an appointment at The Wellington Hospital, contact the hospital Enquiry Helpline on 020 7483 5000 or visit [thewellingtonhospital.com](http://thewellingtonhospital.com)