

What is a medial epicondyle fracture?

Your child has hurt their elbow. The doctor has said it is a medial epicondyle fracture, which means a small bone on the inner side of the elbow has broken. This often happens after a fall, a bump, or while playing sports. It is a common injury in children.

In some children, the elbow may also be dislocated at the time of the injury. This can sound worrying, but it is a well-recognised pattern that usually recovers well.

The injury can usually be treated with a plaster cast for about four weeks. Most children recover well and have no long-term problems.



How is this fracture treated?

Doctors used to be unsure about the best treatment. That's why researchers carried out the SCIENCE study – a large international project involving 334 children aged 7 to 15 who had this type of fracture.

Half were treated with a plaster cast to let the bone heal naturally. The other half had surgery to fix the bone.



What did the study find?

► Both treatments worked equally well.

Children in both groups:



Recovered at the same speed



Had similar pain levels



Missed a similar number of school days



Returned to sports and activities at the same time

However:

1 in 7 children who had surgery needed a second operation (often to remove the metal screw). Some also developed complications related to surgery, such as injuries to an important nerve.

Only 1 in 45 of those treated with a cast needed surgery later.

Based on these results, most children can now be safely treated with a plaster cast, without surgery. In some more complex cases, an operation may still be needed. Your doctor will explain what's best for your child.



How will the fracture be followed up?

Your local hospital or clinic will let you know about the follow-up plan. Most children are seen within a few weeks to make sure recovery is going as expected.

What to expect after the fracture?

After the injury, it's normal for your child's elbow to feel sore. You can use simple painkillers from your pharmacy, such as paracetamol or ibuprofen, to help manage the pain. Children may also have swelling in the hand or arm, which usually improves with rest and by keeping the arm elevated (raised up on pillows).

The arm is typically rested in a plaster cast for around four weeks. Once the cast is removed, your child can gradually return to normal use of the arm as movement improves.

A few weeks after the cast comes off, when the elbow is moving more comfortably, children can usually resume light activities and non-contact sports. Your healthcare team will advise when it's safe to return to full sports and other physical activities.

Most children feel more confident using their arm by three months, and full recovery is usually complete by six months.



Further information:

More details about the SCIENCE trial see www.SCIENCEstudy.org

The
SCIENCE
Study

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