Background

Pediatric forearm fractures are one of the most common pediatric orthopaedic injuries and have commonly required analgesia and even sedation for appropriate pain control and relaxation during fracture management. A wide range of methods are described in the literature including hematoma blocks, intravenous regional anesthesia, conscious sedation, intravenous sedation and general anesthesia. However, these methods are not without inherent risks. Complications ranging from nausea and vomiting to seizures, respiratory depression and cardiac arrhythmias have been described in the literature. In addition, many of these methods require special equipment and may result in a delay in treatment and hospital admission or observation, substantially increasing the cost of care and risk to the patient. We present a consecutive case series of 54 pediatric forearm fractures successfully closed reduced without any analgesia.

Methods

We analyzed 54 consecutive pediatric forearm fractures requiring a closed reduction managed by the senior author without any analgesia. We assessed the pre reduction alignment and post reduction alignment as well as the maintenance of reduction at final follow up.

Results

54 consecutive traumatic pediatric forearm fractures were successfully closed reduced in the office setting without any analgesia with acceptable alignment maintained at final follow up with one patient lost to follow up.