CONCLUSIONS

After evaluating the results in the present series, it is evident that semi-tubular (DCP) plates provided rigid internal fixation and gave excellent functional results due to early mobilisation.

Although the total number of patients treated were inadequate for statistically significant conclusion, the results are in agreement with several other studies (Haller & co-workers, 1975; Gross & Sverrson Jr. 1969; Hadden & co-workers, 1963-68) which clearly proven the advantages of early open reduction and internal fixation over that of conservative treatment.

The following conclusions were drawn:

1. It is difficult to achieve satisfactory reduction in closed, displaced, diaphyseal fractures of the forearm in adults.

2. The implants used included semi-tubular plates (DCP) with 4.5 m.m. cortical screws, 575 DCPs with 3.5 m.m. cortical screws. Square nailing for radius in higher up fractures along with compression plating of ulna.

3. Semi-tubular plates provided the rigid internal fixation.
4. Square nailing of radius with compression plating of ulna provides inadequate fixation and should not be used as it abolishes the advantages of compression plating.

5. Average time taken for union was 10.33 weeks.

6. Tourniquet was applied in two patients, both of them developed tourniquet palsy. Later on application of tourniquet was stopped.

   We concluded tourniquet should not be applied for forearm plating as bleeding is not too much.

7. Early open reduction and internal fixation was found to provide excellent functional results in most of the cases.

8. Patients in whom early open reduction and internal fixation was done were able to return to gainful employment earlier.

9. Early removal of external immobilization following rigid internal fixation, was possible in most of the patients.

10. Correct rotational alignment and pronation, supination movement were regained in most of the patients.