



Royal Berkshire
NHS Foundation Trust

Your child and wire removal:

Removing “K” wires in the
Orthopaedic Outpatient
Department

Information for parents

Your child and “K” wire removal

When your child broke their bone it needed to be fixed by inserting wires to hold the fracture (break). “K” (short for Kirschner) wires were used to hold the position of the fracture following the realignment of the broken bone. The fracture may have been held with one or more K wires. The K wire is left sticking out through the skin surface so that the wire can be removed easily without, in most cases the need for another operation. The wires usually need to be removed at around 3-6 weeks, depending on age and fracture severity. This will be done in our Fracture Clinic, located in the main orthopaedic clinic in South Block.

Before the appointment

It is important that your child understands what will happen when they arrive for their appointment, as this will help them to be less anxious. Although removing the wire is not too painful, the fear of the unknown can worry some children. It could be helpful to give your child a dose of paracetamol or ibuprofen as indicated on the bottle just before you leave your home to come to the appointment.

As a parent, you can best judge how to prepare your child for the wire removal.

What will happen when you arrive at the appointment?

When you arrive and have booked in at the reception desk you will be sent to the Plaster Room for the plaster cast to be removed. The removal of the plaster does not hurt but the noise can sometimes be frightening for young children. Young children also get worried because they can remember that the initial break was painful and may fear that the removal of the cast will bring back the pain. They need reassurance that this will not be the case.

Once the plaster has been cut ready for removal, you will be seen by the doctor who will be removing the wires.

How are the wires removed?

The plaster will be removed and the state of the wires will be checked. Entonox (laughing gas) will sometimes be used for older children to help them through the procedure.

The skin around the wires will be cleaned and then using wire pliers the wires are gently pulled out.

Once the wires are removed, a small skin plaster is placed over the site. In most cases, nothing more is needed but in some cases children are put back into their plaster cast for another week or two.

What happens if the wire cannot be removed?

- In a small number of cases the child may not co-operate and therefore it may not be possible to remove the wire at the clinic.
- The wire may have moved inwards preventing easy access to the wire.

If the wires cannot be removed in the clinic for these or any other reason, then your child will be booked in to have the wires removed under a short general anaesthetic (i.e. they will be asleep) as a day case admission.

After care

Once the wire has been removed and if no further plaster cast has to be applied, your child will be given a sling to rest the arm in. The arm will feel weak but as your child starts to move it more it will continue to regain its normal strength and movement. You should encourage gentle movement of their arm, as they may be reluctant to move it at the start.

Check that the wire sites are not showing any signs of becoming infected. Look out for spreading redness, swelling, increasing pain.

Keep the skin plaster on for 3 days. Remove and, if necessary, put on a new plaster.

You can wash and cream the arm avoiding the plaster.

Keep your child from doing any contact or high impact activities until your child has been seen again by the doctor in the follow-up clinic.

Contacting us

If you require any further advice please contact:

Orthopaedic Outpatients – 0118 322 7553

Nina Doherty – Clinical Nurse Specialist 0118 322 8746 or 0118 322 5111 bleep 232

Angie Lee – Nurse Consultant 0118 322 8747

More information

Visit the Trust website at www.royalberkshire.nhs.uk

This document can be made available in other languages and formats upon request.

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