



D R A F F T

Distal Radius Acute Fracture Fixation Trial

Warwick
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CLINICAL TRIALS UNIT

About DRAFFT



DRAFFT is a randomised controlled trial comparing K-wire fixation with locking-plate fixation in the treatment of wrist fractures.

The trial started in July 2010 and 12 month follow-up of all patients was completed in June 2013.

We are now in the process of collecting long term follow-up data.



Results Summary

In the Western World, 6% of all women will have sustained a fracture of the wrist (distal radius) by the age of 80 and 9% by the age of 90 (this fracture is less common in men). Advances in orthopaedic surgery have improved the outcome for patients: many wrist fractures can be treated in a plaster cast alone, but others require surgical fixation to hold the bone in place while they heal. The existing evidence suggested that modern 'locking-plate' fixation provides improved wrist function but cost more than traditional 'wire' fixation.

In this study, we randomly assigned 461 adult patients having surgery for a fracture of the distal radius to either K-wire fixation or locking-plate fixation. The patients reported their own outcome in the 12 months after their fracture, using the Patient Rated Wrist Evaluation. We also collected information on complications and costs.

Over 90% of the patients who took part completed the study. Both groups of patients recovered wrist function by 12 months, although their wrists were not quite back to normal. There was no difference between groups in their wrist function at 3 months, 6 months or 12 months. Nor was there a difference in the number of complications in each group. We did find that K-wire fixation is 'cost saving', particularly in younger patients.

Contrary to the existing literature, and against the increasing use of plate fixation, this study shows that there is no difference between K-wires and locking-plates for patients with fractures of the distal radius. K-wire fixation is less expensive and quicker to perform.


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