

ANKLE FRACTURE

Information: Some ankle fractures are treated with surgery. Ankle fractures are due to breaking of the bones on the outside and/or inside of your ankle. If surgery is required then the bones will be placed back into their proper position and hardware will be placed to hold the bones. Patients may have other conditions (cartilage injury, deformity, tendon injury, ligament injury, etc) that may be fixed also. Risks of surgery include, but are not limited to: infection, wound healing issues, scar, swelling, stiffness, pain, numbness, injury to vessels, bone healing problems, hardware problems, need for hardware removal, recurrence, other deformity, need for future surgery. This is an injury to a joint, and thus may lead to joint arthritis of the ankle. If you need an excuse for work, please let us know before surgery. If it is your right ankle, most patients cannot drive 8-10 wks.

On the day of surgery: You and your anesthesiologist will determine what is best for your particular surgery. Often, a block is provided by the anesthesiologist. This will decrease the amount of pain after surgery. The risks of anesthesia/block will be discussed with the anesthesiologist. You will be brought to the operating room and your leg will be cleaned for surgery. Drapes will then be placed over your leg and your entire body to keep our field clean. You will be given antibiotics before/during surgery. I will perform your surgery (perform an incision, perform the surgery as above and as we discussed in the clinic, add hardware, close the tissue/skin, and then place a boot on your leg that must remain on until your first postoperative visit with me). After surgery, I will discuss the surgery with your guest that day.

After Surgery: You will be taken to the recovery room and sent home when the nurses and anesthesiologist think you are suitable for discharge. You are not allowed to walk on the operative leg. You will be sent home on pain medicine with the hope that you can discontinue it as quickly as possible. You can use crutches, knee walker, walker, wheelchair, etc.

Postoperative Course:

2 weeks – My team or myself will see you for suture removal, a handout will be provided regarding wound care.

2-6 weeks – You will start up/down motion on the ankle. You must still sleep in the boot.

6-10 weeks – You will begin physical therapy. You will begin to wean the boot and wear comfortable shoes with supportive ankle brace. You are permitted preform low impact activities.

3-4 months – You are allowed to begin to preform higher impact activities including running in the brace. You will not be required to wear the brace when on flat, even terrain with low impact activities.

4-6 months – You are allowed to advance activities in the ankle brace. You will begin to feel that this is “behind you” and although you are not fully normal/healed, you should be doing quite well. Swelling is the last issue to resolve and can be 12-18 months for any ankle surgery. I’m happy to see you at any time during the scheduled visits or unscheduled visits if you have questions/concerns. *Thank you and I will take excellent care of you!*

Disclaimer: These are general statements and may not apply specifically to your care. I may modify as needed for your individual care.