FOOT & ANKLE

Patrick Ward, MD
Foot and Ankle Orthopedic Surgery

LISFRANC INJURY

Information: Most Lisfranc injuries are treated with surgery. The Lisfranc ligament is an important ligament in the midfoot that provides stability to the foot. I will place metal in your foot to hold the foot in the proper position while it heals. Often the foot is fixed by also fusing the joints affected. A fusion is where I remove a joint(s) and connect bones together. If so, I may make a small incision on the side of your heel to remove bone graft from your heel bone to help the process fuse faster. 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, perhaps a condition you may feel is worse or not much better from your preoperative status. If you need an excuse for work, please let us know before surgery. If it is your right foot, most cannot drive for 8-12 wks.

On the day of surgery: You and your anesthesiologist will determine what is best for your 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, fix and/or fuse the midfoot, add hardware, close the tissue/skin). I will place a boot on your leg which must stay on until your first visit. 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 – I will see you suture removal, x-rays. In some cases you can touchdown weight bear in the boot with crutches and advance over 2 weeks. Other times this is delayed.

8-10 weeks – You can start to wean the boot into comfortable shoe wear of choice

4-6 months – 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 this surgery. You can begin to run and return to sport may be 6-12 months. 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!*

Phone (302) 655-9494 ext. 1280 Fax (302) 691-1478 Email: wardclincal@delortho.com