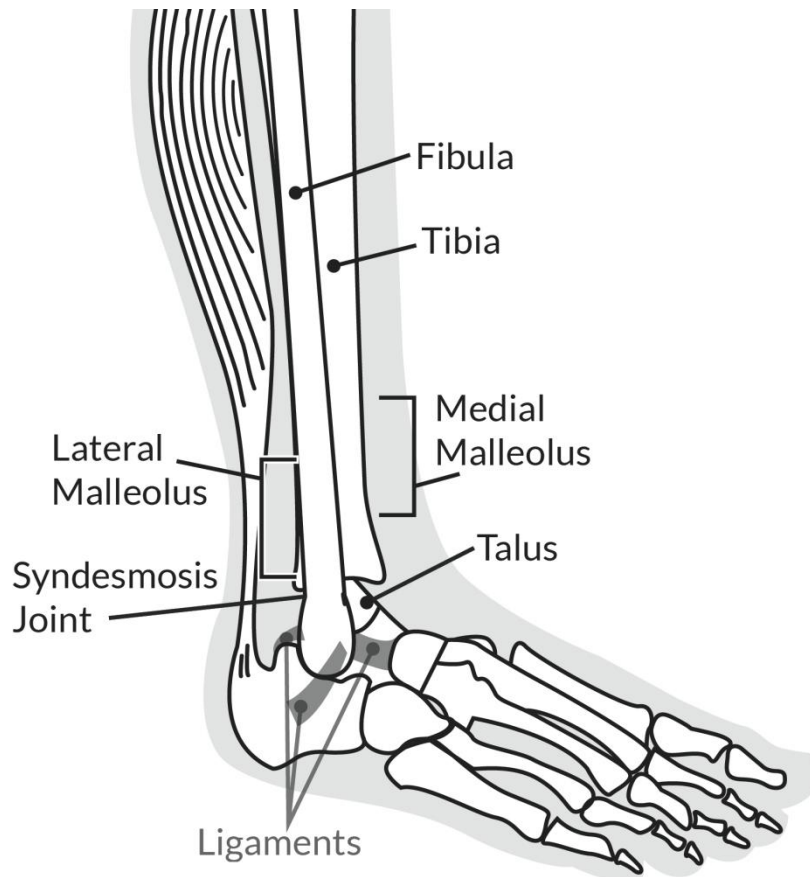


Ankle Fractures: A Guide to Recovery

Ankle fractures (breaks) are very common injuries that usually happen from a fall where the ankle is twisted or rolled or there is high energy trauma, like a car accident. There are two long bones in the ankle: the tibia (shin bone) and fibula (smaller leg bone) and the ends of these bones are called a 'malleolus'. The tibia and fibula form a joint around the talus bone called the 'ankle joint'. There is a second joint between the tibia and fibula called the 'syndesmosis' that may also be injured.



The most common ankle fractures are breaks of the lateral malleolus (end of the fibula), medial malleolus (inside end of the tibia) or both, which is called a 'bimalleolar fracture'. The more bones that are broken, generally the worse the injury. Ligaments may also be torn during the injury.

Treatment of Ankle Fractures:

Breaks that are in good position and are 'stable' can be treated with a cast, removable cast boot or sometimes a brace. Fractures that are in a poor position, that are 'unstable' or likely to move may be treated with surgery.

If the break heals in a poor position, this can lead to a loss of function or movement, ongoing pain in the ankle, or development of arthritis. This is why surgery may be recommended.

Treatment of Ankle Fractures:

There are many ways to treat fractures of the ankle. These are the most common.

Non-Surgical ways of treating Ankle fractures:

- **Cast or Removable Cast Boot:** if the break is in an acceptable position and likely to stay in a good position, it can be treated with a cast for 6-8 weeks. Crutches and staying off the ankle ('non-weightbearing') is usually required for 6-8 weeks. X-rays may be taken frequently to ensure the break stays in a good position while it is healing.

Most Common Surgery to treat Ankle fractures:

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- **Fixation or ORIF (Open Reduction Internal Fixation):** This surgery is done in the operating room typically under general anesthesia. In this surgery, the skin is cut and the bones are manipulated with instruments to place them in better position. The bones are then held in position with screws, plates, heavy sutures or other means. After surgery, a half cast is applied to the leg and is typically removed around 2-3 weeks after surgery. After this, a removable cast boot is worn and the ankle is exercised. You will need crutches and told to keep your weight off the ankle (non-weightbearing) for usually 6-8 weeks, sometimes longer depending on the type of break. The plates and screws usually do not need to be removed unless they are causing pain or other problems. A small number of patients need to have the plates and screws removed - this would be done months after the break has healed.

Recovery from Ankle Fractures:

No matter what method is used to treat the break, the bone takes the same amount of time to heal, usually 6-10 weeks. However, recovery takes much longer. Typically most of the recovery is completed by 4-6 months. Some stiffness is common after these injuries and can be very frustrating, but improvement continues for at least 6-12 months after the injury. Stiffness is often because of scar tissue and will improve with the right exercises and working thru some discomfort, once your surgeon allows.

Many patients make a full or near full recovery and return to all of their activities by around 4-6 months after the injury. However, it is not uncommon to have some ongoing pain. This is usually mild but can be significant for a small number of patients. Some patients go on to develop 'arthritis' of the ankle joint. This can happen months to

years after the injury and usually due damage to the cartilage that happens at the time of the injury.

Thin Bones or 'Osteoporosis': is found in some patients that break their ankle. The risk of osteoporosis is higher if you are thin, older, Caucasian or Asian, female, smoke, drink excess alcohol or are taking certain medications. Please ask your doctor about a referral to the Island Osteoporosis Clinic for an assessment - medications or other treatments can be suggested to decrease your chance of another broken bone

Going Home:

- Arrange to have someone take you home after surgery

Care of your Incision & Wound:

- Leave your cast or splint on and do not remove
- Keep your cast or splint dry
- Call your surgeon if your cast gets wet

Bathing:

- Keep your cast/splint dry and cleanse around the area or cover with a plastic bag and seal with duct tape to shower
- Consider using a chair in the shower to reduce the risk of a slip and fall

Weight bearing:

- Most patients will need to stay off their ankle 'non-weightbearing' for around 6-8 weeks
- You will need crutches, a walker or a wheelchair
- Make sure your crutches have been properly fitted to you to avoid injuries.

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Activity:

- Gradually resume activity
- It is normal to feel tired for the first couple of weeks after surgery or an injury
- If swelling increases following activity, rest and elevate
- Move your toes and knee 4-6 times per day to avoid stiffness

Pain:

- Discomfort will be moderate for the first few days and will gradually get better
- Use any pain medications as prescribed by your surgeon
- Gradually reduce your pain medications as your pain decreases

Swelling

- Expect moderate to a large amount of swelling in the foot and toes after the break or surgery
- Elevate foot for first 48-72hrs after surgery
- Try to elevate the foot as much as possible during recovery to reduce swelling

Icing:

- Apply ice packs or use a cryo therapy 'ice machine' to reduce pain and swelling
- Apply ice for 10-15 minutes, 4-6 times per day
- Never apply ice directly to skin

Return to Work:

- When you are able to return to work depends on:
 - the kind of job you have and its physical demands
 - how much pain & swelling you have after your injury
 - how your recovery is progressing

- if you are able to modify your job or work from home

- Your surgeon will help you decide when to return to work
- Expect to take off at least 2-6 weeks for a desk job that does not require much walking or use of both hands
- Expect to take off 3-6 months for more physically demanding work

Healthy Eating:

- Start with clear fluids after surgery
- Gradually increase to a well balanced diet as your appetite allows
- Drink at least 6 cups of fluids daily

Going to the Bathroom:

- Changes in medications, activity and diet can cause constipation (hard, dry bowel movements)
- To avoid constipation: drink lots of fluids, eat high fibre foods such as prunes, fruits, bran, whole grains and vegetables
- Take a stool softener or laxative if needed. Ask your doctor or pharmacist to suggest one.

Smoking:

- Smoking causes problems with the healing of bones and tissues
- Not smoking or smoking less in the 3-6 months after surgery will reduce the chance of a problem with healing
- visit www.quitnow.ca for information about tools and medications to help you quit smoking

Driving:

- Do not drive while taking pain medications

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- Discuss with your surgeon when it is safe to drive
- If your right foot was operated on or if you drive a manual vehicle, you will not be safe to drive for at least 2-3 months
- It is not safe to operate a pedal with a cast or walker boot on
- If your ability to safely drive (e.g swerve sharply, perform an emergency stop) is impaired, your insurance may not be valid in the case of an accident

Your Medications:

- Resume your regular medications unless instructed otherwise by your doctor

Supplies/special equipment:

- **Crutches:** are required and will usually be provided by the hospital
- **Forearm Crutches:** some patients find traditional underarm crutches painful and prefer to use a forearm crutch for comfort. This is entirely optional. These can be obtained at
- **Air Cast Walker Boot:** Most ankle fractures can be treated with this removable cast boot that can be taken on and off. This is helpful for doing exercises and showering. This can be obtained from a medical supply store, some pharmacies or One Bracing @ Rebalance^{MD}
- **Bauerfeind Malleotrain:** This is a compression sleeve for the ankle that helps control swelling after ankle injuries. Many patients find that they have swelling for months after the injury and like to have a light supportive brace

to help the ankle feel more secure and control swelling. This can be obtained from One Bracing @ Rebalance^{MD}

- **CryoTherapy "Ice Machine":** This can be used as an alternative to ice packs to help reduce pain and swelling. Your surgeon can prescribe this. It can be purchased at a medical supply store, such as Island Orthotics, McGill & Orme or at One Bracing @ Rebalance^{MD}
- **Knee Walker:** this is an alternative to crutches or a walker for those patients that find crutches too difficult to get around with. It allows you to put the knee of your operative leg onto a padded bench on a scooter and push the scooter around with your good leg. It is available at One Bracing @ Rebalance^{MD}

Follow Up Appointment:

- A post-operative appointment should be scheduled for approximately 10-14 days post surgery
- Call the office if you do not have an appointment scheduled
- Write down your questions for the doctor before the appointment

Call your Surgeon if you have:

- Increasing pain or swelling that is not relieved by elevation and ice
- Incisions that are red, puffy, hot or leaking fluid more than 48 hrs after surgery
- Fever greater than 38.5°C
- Signs of circulations problems in your leg (e.g coolness, change in skin colour, numbness) which is not relieved by loosening the tensor and elevating

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If you cannot reach your Surgeon:

- Call your family doctor, go to a walk-in clinic or hospital emergency department

Non-emergency health information and services:

- HealthLinkBC www.healthlinkBC.ca
- Tel: 811 from anywhere in BC
- Tel: 711 for deaf and hearing impaired assistance (TTY)

The information in this handout is intended only for the person it was given to by the health care team. It does not replace the advice or direction given to you by your doctor.