Ankle fractures: General facts

Fractures of the ankle range from relatively minor twisting injuries to those which are associated with violent disruption of the ankle, which may occur in motor vehicle accident and falls from a height. There are two different mechanisms of injury which have different effects on the structure of the ankle. The one is where there is a twisting mechanism where the body rotates around the foot and the other is where there is a crushing type mechanism where there is an impact from motor vehicle accidents and falls from a height have the worst prognosis since there is often damage to the cartilage lining of the ankle.

The Ankle Anatomy

The ankle consists of the inner aspect of the tibia (the medial malleolus) the outer aspect of the ankle (the fibula), and the bone underneath the ankle (the talus). There are many different varieties and grades of severity of ankle fractures. These may involve only the medial malleolus, the fibula, or both bones (which is called a bi-malleolar fracture). You may require both a plate and screws to fix your fracture. Depending type of fracture you have, this may require making incisions on either one or both sides of your ankle.

Why Do I Have To Wait To Have My Fracture Fixed?

SWELLING: Due to the swelling, it is best not to routinely fix ankle fractures immediately after injury. This can lead to higher risk of infections and wound complications after the surgery. For that reason, waiting approximately 7-10 days after the injury to perform surgery.

Treatment of An Ankle Fracture

- If the shape and anatomy of the ankle is not accurately restored, the cartilage lining of the ankle is disturbed which will inevitably lead to arthritis.
• The goal of treating all ankle fractures is to reposition the bones in some way so as to prevent the occurrence of arthritis.

• More minor ankle fractures can be treated in a boot or a cast without resorting to surgery; however, the majority of the ankle fractures, however, do require operative treatment.

• On occasion, a screw or Tight-Rope will be required to hold the two bones of the lower leg together while the ligaments heal.

• The screws and plates are NOT routinely removed. On average, 10% will complain of pain over the plates and screws. They cannot be removed before 6 months, unless for some reason the hardware was to become infected.

• Surgery is performed with incisions on one or both sides of the ankle. Screws and/or a metal plate are inserted into the medial malleolus and the fibula in order to accurately restore or reduce the fracture alignment.

Postoperative Recovery: General facts

• Following surgery, a bandage with plaster is applied to the ankle until the stitches are removed in approximately two weeks.

• You can will not be able to drive while taking pain medications. Likewise, you will not be able to drive until you are no longer in a cast/boot of it is your right ankle. You will need to check with your insurance company before returning to driving.

• No walking on the ankle is permitted until 6 weeks, unless directed otherwise by your surgeon.

• Physical therapy exercises are important as part of the recovery process to maximize the strengthening of the leg and movement of the ankle and will generally start around 2 weeks after surgery.

• You will be able to start swimming activities at 4-6 weeks as long as your wound is fully healed. No hot tubs until 6 weeks after surgery and only if your wound is fully healed.

• It will take about 3 months before the ankle starts to feel comfortable, and swelling will persist for about 6 months.
General Post-Operative Course:

Day 1:
- Foot is wrapped in bulky bandage and splint, ice, elevate, and take pain medication.
- Expect numbness in foot 12-72 hours, bloody drainage through bandage is expected.

1 Week:
- Use crutches, walker, wheelchair or roll-a-bout.
- Elevate leg as much as possible

2 Week:
- First follow-up in the office, X-rays taken, dressing changed, sutures are removed
- A removable boot is applied, start movement of the ankle out of the boot.
- No weight bearing on the involved ankle unless instructed you may do so by your surgeon.
- You can shower, provided the incision is clean and dry but do not submerge in swimming pool, hot tub or bathtub.

6 Weeks
- Second follow-up in the office. X-rays taken.
- Start physical therapy.
- Full walking in boot is permitted
- May swim if doing well and wound fully healed.
- Wean from boot at able into lace up brace.

8-12 Weeks
- Advance your activity.
- May use lace up ankle brace.
- Expect return to running around the 3 month mark.

Note
- Some fractures require a device to be placed across both bones. This requires a few changes to the above outline:
  - You will not be allowed to put full weight on your ankle for 8 weeks.
  - At 8 weeks you can walk in the cast boot.
  - You may begin weaning from the boot at 8 weeks.