FIXATION OF FIFTH METATARSAL FRACTURE

Anesthesia: Sedation with block
Length of Surgery: 1 hour
Type of Surgery: Outpatient

GENERAL FACTS

Fractures of the fifth metatarsal are common injuries that can occur with twisting injuries of the foot. Fractures can be chronic (stress Fracture) or can occur with a trauma to the foot. There are multiple types of fractures of the fifth metatarsal, but your fracture is a type that requires particular attention in the form of surgery and/or immobilization. Failure to treat this injury correctly can result in long term pain.

ANATOMY

The fifth metatarsal is on the lateral (outside) side of your foot. It experiences a significant amount of stress when you walk so failure of the bone can lead to pain. This is also a bone that is very slow to heal due to a poor blood supply in this area of the body.

Because the bone is exposed to a significant amount of stress with walking, it must be immobilized to heal correctly. This can be accomplished by immobilizing the foot in a cast/boot and crutches for 2-3 months. Some fractures may be best treated with placement of a screw across the fracture. Even with surgery you will still need to keep weight off of the foot for 6 weeks. Chance of refracture or nonunion (not healing) can be high with this type of fracture.
Surgery is generally delayed until the swelling has decreased in order to decrease the risk of infection and would problems.

SURGICAL TREATMENT

- A small incision is made on the side of your foot
- A large screw is placed into your bone across the fracture.
- The screw is typically left in place and generally DOES NOT need to be removed.

RISKS OF SURGERY

- All surgery has risks
- Bleeding
- Infection
- Re-fracture
- Nonunion (bone does not heal)
- Malunion (bone heals in an incorrect position)
- Nerve injury: the sural nerve is in the area of the incision. This nerve can be injured as it is moved during the surgery. This can cause numbness/tingling that can be permanent although it typically resolves within a few months after surgery
- Continued pain/swelling
- Difficulty returning to prior level of activity

POSTOPERATIVE RECOVERY

- No walking on the foot is allowed for at least 6 weeks.
- You will be in a cast/boot for 6 weeks.
- You will be unable to drive for at least 6 weeks if it is your right foot.
- You may workout out your upper body as long as you do not put weight on your foot.
- You may stationary cycle at 3 weeks in your cast
- It will take at least 3 months for the bone to fully heal.
- It is not uncommon for swelling to be present for at least 6 months

POST OPERATIVE INSTRUCTIONS

- Day 1
  - You will be placed in a large dressing that should be left in place
  - Use crutches or roll-a-bout. DO NOT put any weight on the foot
  - ELEVATE your foot above the level of your heart for the first 72 hours and as much as possible after that
  - Start taking pain medication before you feel any pain.
  - Take anti-nausea medication if needed
  - Expect numbness for up to 24 hours

- 2 weeks
- Your first follow-up visit in the office
  - Dressing will be removed
  - Cast or Boot will be applied
  - X-rays will be taken
  - If the wound is doing well stitches will be removed

- **5-6 weeks**
  - Second post op visit
  - Cast removed if casted
  - X-rays taken
  - If doing well will start weight bearing

- **2 months**
  - Begin return to jogging and progress to cutting/jumping.