

## ANKLE FRACTURES

**Information:** Ankle fractures may be treated with surgery. Ankle fractures are due to breaking of the bones on the outside (fibula), inside (medial malleolus), and/or the back (posterior malleolus) of the ankle. The strong connection between the two bones of the leg (fibula and tibia) called the syndesmosis can sometimes be injured as well. The goal of surgery is to stabilize the bones and restore the alignment of the ankle joint. Hardware (plates and screws) will be used to put the bones back into their proper position. There are other conditions that may be addressed at the same time the ankle is fixed such as a cartilage injury, deformity, tendon injury, ligament injury, etc. Risks of surgery include, but are not limited to infection, wound healing issues, scarring, swelling, stiffness, pain, numbness, injury to nerves and blood vessels, bone healing problems, hardware problems, need for hardware removal, recurrence, additional deformities, need for future surgery, and blood clots and/or pulmonary emboli. This is an injury to a joint, which may lead to arthritis of the ankle joint. If it is your right ankle, most patients cannot drive for 8 – 10 weeks after surgery.

**On the Day of Surgery:** The scheduling team will call you with your arrival time one day prior to your surgery. Once you arrive at the facility, the staff will direct you where to go. I will meet you in the preoperative holding area where we can discuss any remaining questions that you have and review the surgical plan. You and the anesthesiologist will determine the type of anesthesia that is best for you. 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 then be brought to the operating room.

**After Surgery:** I will discuss the details of the surgery with your guest and review the postoperative plan. You will be taken to the recovery room and sent home when the nurses and anesthesiologist think you are suitable for discharge. You will be placed into a splint. 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 quick as possible. You will also be given medication to help prevent a blood clot. You can use crutches, a knee walker, a walker, a wheelchair, etc.

### Anticipated Postoperative Course:

Time Postoperatively	Description
0 – 2 Weeks	Elevation above the heart is <i>EXTREMELY</i> important during this period.
10 – 14 Days	Appointment with Dr. Boden. Plan for splint and suture/staple removal. X-rays will be taken at this visit. Placement of a tall CAM boot. Ankle range of motion exercises begin with physical therapy. Physical therapy typically lasts 6 – 12 weeks.
2 – 4 Weeks	Continue non-weightbearing in the tall CAM boot. You may come out of the tall CAM boot for gentle ankle range of motion exercises.

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

<b>4 – 6 Weeks</b>	Touchdown weightbearing (25% of your body weight) in the tall CAM boot with crutches. Slowly advance to full weightbearing over the next 1 – 2 weeks.
<b>6 Weeks</b>	Follow-up appointment with Dr. Boden to monitor progress. X-rays will be taken at this visit. Typically, you will advance to full weightbearing at this time. We will provide you with an ankle brace (ASO) for activities.
<b>6 – 12 Weeks</b>	You may begin to advance your activities, remove the tall CAM boot, and wear comfortable shoes with a supportive ankle brace (ASO). Anticipate that your foot and ankle will continue to be swollen making it hard to wear certain shoes.
<b>3 Months</b>	Follow-up appointment with Dr. Boden to monitor progress. X-rays will be taken at this visit.
<b>3 – 4 Months</b>	You are allowed to gradually begin running in the brace. Anticipate decreased but present swelling in your foot and ankle.
<b>4 – 6 Months</b>	You are allowed to advance activities in the ankle brace. Although you are not fully normal or healed, you should begin to feel that this is “behind you.” Swelling is the last issue to resolve and can take 6 – 12 months for any foot/ankle surgery.
<b>6 Months</b>	If there are no issues, this is your final follow-up appointment with Dr. Boden. X-rays will be taken at this visit. I’m happy to see you at any time postoperatively if there are any issues or you have any concerns. <i>Thank you for the opportunity to take care of you!</i>

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