CALCANEUS FRACTURES

Information: The calcaneus is your heel bone. Fractures of the calcaneus are a devastating injury, and some calcaneal fractures are treated with surgery. If surgery is required, then the bone fragments will be placed back into their proper position and hardware (plates and/or screws) will be used to hold the fragments in place until they heal. Patients may have other conditions (cartilage injuries, deformities, tendon injuries, ligament injuries, etc.) that may be fixed at the time of surgery as well. When a calcaneus fracture occurs, there is injury to the cartilage of the subtalar joint, and there is a high rate of arthritis (loss of cartilage) in this joint despite optimal treatment. Sometimes we fuse the subtalar joint at the same time we fix the bone. This also injures the heel pad, which leads to heel pain. 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. If it is your right heel, 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 *EXTREMELY* important during this period.
10 – 14 Days	Appointment with Dr. Boden. X-rays will be taken at this visit. Plan for splint and suture/staple removal. Placement of a short leg cast.
2 – 6 Weeks	Non-weightbearing in a short leg cast. Continue elevation of the operative leg to help with swelling and pain control.

6 Weeks	Follow-up appointment with Dr. Boden to monitor progress. X-rays will be taken at this visit. Removal of short leg cast and placement of a tall CAM boot. Physical therapy will begin and lasts 6 – 12 weeks.

6 – 8 Weeks	Continue non-weightbearing for another 2 weeks. You may come out of the boot for active and passive ankle range of motion exercises.
8 – 10 Weeks	You are allowed touchdown weightbearing (25% of your weight) in the tall CAM boot with crutches. You may advance to full weightbearing over the next 2 – 4 weeks by adding 25% of your weight each week.
10 – 12 Weeks	Continue to wear the tall CAM boot. You may be weightbearing as tolerated in the CAM boot. You can begin to advance with physical therapy including strengthening of the operative leg.
3 Months	Follow-up appointment with Dr. Boden to monitor progress. X-rays will be taken at this visit. You will begin to slowly come out of the tall CAM boot and into a comfortable shoe with a supportive ankle brace (a lace-up ASO ankle brace).
3 – 6 Months	Continue with physical therapy. Gradually come out of tall CAM boot into a supportive sneaker with the lace-up ankle brace. You will be able to advance your activities slowly with your physical therapist.
6 Months	Follow-up appointment with Dr. Boden to monitor progress. X-rays will be taken at this visit.
6 – 12 Months	Advance to all activities as tolerated and continue to gradually build strength. You will begin to feel that this is “behind you,” and although you are not fully normal/healed, you should be doing better. However, this is a life-changing injury, and you may never feel that your foot / heel is the same as it was prior to the trauma. Calcaneus fractures take a full year to recover. Swelling is the last issue to resolve and may take up to 12 months.
1 Year	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. *Thank you for the opportunity to take care of you!*

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