

LISFRANC INJURY

Information: Most Lisfranc injuries are treated with surgery. The Lisfranc ligament is an important ligament in the midfoot that provides stability to the foot. To hold the foot in proper position while it heals, hardware (plates, screws, suture button fixation, etc.) may be placed in the foot. Sometimes the foot is fixed by fusing the affected joint(s). A fusion is where I remove the remaining cartilage from the joints and connect the bones together using hardware (e.g. staples, screws, and/or plates). Often, I will make a small incision on the side of your heel to remove bone graft from your heel bone (calcaneus) to help the fusion process. The risks of surgery include, but are not limited to, infection, wound healing issues, scarring, swelling, stiffness, pain, numbness, injury to vessels, bone healing problems, hardware problems, need for hardware removal, recurrence, other deformity, need for future surgery, a blood clot and/or pulmonary embolism, and/or perhaps a condition you may feel is worse or not much better from your preoperative status. If it is your right foot, then most patients resume driving at 8 – 12 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 cannot put any weight on your operative foot following surgery. You will be sent home on pain medicine with the hope that you can discontinue it as quick as possible.

Anticipated Postoperative Course:

Time Postoperatively	Description
0 – 2 Weeks	Elevation above the heart is <i>EXTREMELY</i> important during this period. You will be non-weightbearing in a splint.
10 – 14 Days	Appointment with Dr. Boden. Anticipate splint and suture/staple removal. You either receive a tall CAM boot or a short-leg cast. X-rays of the operative foot will be obtained.
2 – 6 Weeks	Continue nonweightbearing in the tall CAM boot or short-leg cast. If you are in a tall CAM boot, you may remove your foot from the CAM boot to do 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.

6 Weeks	Follow-up appointment with Dr. Boden to monitor progress. Weightbearing X-rays of the operative foot will be obtained. If you are not already in a tall CAM boot, you will be transitioned to a tall CAM boot at this visit. You may begin touchdown weightbearing in the boot with crutches and advance 25% of your weight each week. We may also begin PT at this visit if necessary.
6 – 10 Weeks	Begin touchdown weightbearing in the tall CAM boot and advance 25% of your weight each week. You must wear the boot at all times for ambulation. You may remove the boot to shower and sleep.
10 Weeks	Follow-up appointment with Dr. Boden to monitor progress. Weightbearing X-rays of the operative foot will be obtained. You will likely be able to put on a comfortable sneaker by 3 months postoperatively.
10 – 16 Weeks	At 10 weeks postoperatively, you may slowly remove the tall CAM boot and transition to a comfortable sneaker. When you are out of the tall CAM boot and into a comfortable sneaker, you may begin to advance to non-impact activities as tolerated (walking and/or elliptical). No high impact activities allowed.
4 Months	Follow-up appointment with Dr. Boden to monitor progress. Weightbearing X-rays of the operative foot will be obtained. Slowly advance to all activities as tolerated over the next 2 – 3 months.
4 – 6 Months	Gradually advance to all activities as tolerated. You will begin to feel that this is “behind you,” and although you are not fully normal / healed, you should be doing quite well. Swelling is the last issue to resolve and may be 6 – 12 months for any foot surgery.
6 Months	Follow-up appointment with Dr. Boden to monitor progress. Repeat weightbearing X-rays of the operative foot will be obtained. You may begin to run, and return to sport may take up to 12 months postoperatively.
12 Months	If there are no issues, this is your final follow-up appointment with Dr. Boden. Weightbearing X-rays of the operative foot will be obtained. 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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