

## TALUS FRACTURE

**Information:** The talus is the bone under your shin and forms your ankle, subtalar, and talonavicular joints. Because it involves 3 joints, a fracture of this bone can be a devastating injury. If surgery is required, then the bone fragments will be put into their proper positions, and hardware (such as plates and screws) will be used to hold the bone fragments in place while the bones heal. Patients may have other conditions (e.g. a cartilage injury, deformity, tendon injury, ligament injury, etc.) that may be fixed at the same time. Risks of surgery include, but are not limited to infection, wound healing issues, scarring, swelling, stiffness, pain, numbness, injury to vessels, bone healing problems (nonunion/malunion), hardware problems/need for hardware removal, other deformity, need for future surgery, and a blood clot and/or pulmonary embolism. This is an injury to a joint and may lead to arthritis, which may need to be treated with surgery in the future. Additionally, the bone has poor blood supply and may not heal or even die (avascular necrosis). If it is your right leg, most patients cannot drive for 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 are not allowed to walk on the operative leg. Some patients stay in the hospital overnight. 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. Anticipate splint and suture/staple removal. X-rays will be obtained at this visit. You will be transitioned to a tall CAM boot or a short leg cast. Physical therapy may begin and lasts 6 – 12 weeks.
2 – 6 Weeks	Maintain the tall CAM boot or short leg cast. Continue non-weightbearing. If you are in the tall CAM boot, you may take the boot off to perform 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>6 Weeks</b>	Follow-up appointment with Dr. Boden to monitor progress. Repeat X-rays will be obtained. If you are in a short leg cast, anticipate cast removal and transition to a tall CAM boot.
<b>6 – 8 Weeks</b>	Continue non-weightbearing in the tall CAM boot. You may remove the CAM boot to perform ankle range of motion exercises.
<b>8 – 12 Weeks</b>	You are allowed touchdown weightbearing (25% of your weight) in the tall CAM walking boot with crutches or a walker. Advance your weightbearing by 25% per week until you are fully weightbearing in the CAM boot at 12 weeks postoperatively.
<b>3 Months</b>	Follow-up appointment with Dr. Boden to monitor progress. Repeat X-rays of your ankle will be obtained. You may wean out of the CAM boot and into a comfortable shoe with an ankle brace.*  *Ankle Brace: Search Amazon.com for “Med Spec ASO Ankle Stabilizer.”
<b>12 – 16 Weeks</b>	You may slowly transition out of the CAM boot into a comfortable shoe of your choice with the ankle brace. You may begin low impact activities.
<b>4 – 6 Months</b>	You will begin to feel that this is “behind you,” and although you are not fully normal/healed, you should be doing quite well. You may continue low impact activities.
<b>6 Months</b>	Follow-up appointment with Dr. Boden to monitor progress. X-rays will be taken at this visit. You should be in a regular shoe at this postoperative visit.
<b>6 Months and Beyond</b>	Gradual return to all activities. Swelling is the last issue to resolve and can be 6 – 12 months for any ankle surgery. In general, patients make improvements up to 12 months after surgery. This is a life-changing injury, and your foot and ankle may never be the same as they was prior to the trauma.
<b>12 Months</b>	Follow-up appointment with Dr. Boden to continue to monitor progress. 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>

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