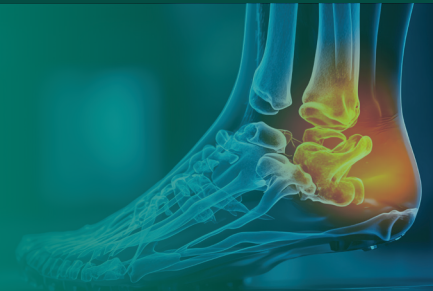




# FAQ

## Ankle Fracture



### **What causes an ankle fracture?**

Ankle fractures are typically caused by trauma.

### **How is an ankle fracture diagnosed?**

Ankle fractures are diagnosed by history, physical exam and imaging studies. Sometimes X-rays are not sufficient to fully evaluate the injury, and a CT or MRI may be ordered.

The full evaluation will be used to determine if the fracture can be treated conservatively or if surgery is indicated.

### **How are ankle fractures treated non-surgically?**

- Rest, elevation
- Anti-inflammatory medications
- Immobilization in a boot or cast
- Not putting weight on your ankle
- Physical therapy

### **How is an ankle fracture treated surgically?**

The fracture is treated through one or multiple incisions around the ankle. Typically, plates, screws or a rod are used to stabilize the fracture.

Once the fracture is stable, the ankle will be stress tested to determine if there are any soft tissue injuries that need to be treated.

### **What is the recovery time for a surgically treated ankle fracture?**

You will be non-weight bearing for about four to eight weeks after surgery, based on what structures were repaired. After surgery you will be in a splint for two to three weeks. At your first post-op appointment, the splint and sutures will be removed, and you will be placed in a boot. You will start motion at this first post-op appointment and begin physical therapy at the four to six weeks mark. You are typically in the boot for six to eight weeks following surgery.

Please note that the full recovery from an ankle fracture surgery is nine to twelve months.

### **Is physical therapy necessary after surgery?**

Yes. Physical therapy is necessary after surgery to regain motion of the ankle, break up scar tissue and to decrease swelling. A Physical Therapist will also help you with your gait and balance. This typically starts 4 weeks after surgery and is continued until your goals are met.



## What are the risks of surgery?

All surgery has some inherent risks. While relatively rare, we feel it is important to inform our patients of possible complications.

**Bone healing:** If the bones do not heal (nonunion) we may have to perform the surgery again. Smoking, excessive activity and weight-bearing early on after surgery and diabetes increase the risk.

**Over correction or under correction:** While rare, these complications can occur and may require additional surgery.

**Infection:** Rare (less than 1%), if this occurs you will need antibiotics and perhaps further surgery.

**Blood clots:** Rare (1%). Please inform us if you have a personal or family history of blood clots.

**Numbness:** Patients should expect some mild numbness around the incisions that typically goes away after a few weeks. Occasionally some numbness may persist. This should not affect your activity, cause any discomfort or cause shoe wear issues.

**Recurrence:** Rare early on however, depending on your age, risk over a lifetime can be as high as 20%.

**Continued pain:** Surgery is not 100% guaranteed to resolve all your pain. We will continue to evaluate and monitor you throughout the postoperative period. Our goal, as is yours, is to get back to all of your preoperative activity pain-free.

## Do I have to stay overnight?

No. These surgeries are outpatient. You typically come in about two hours before your procedure and stay about one to two hours after the procedure. Please leave the whole day open.

## What type of anesthesia is used?

Most of our procedures are done with a nerve block (regional anesthesia) while you are in a twilight sleep. First, the anesthesiologist will sedate you and then perform the nerve block. It will numb your leg from the knee down. This will typically last about 24 hours but on rare occasions can last as long as three days. This is done for pain control and comfort during and after surgery.

You will meet the anesthesiologist on the day of surgery to discuss what type of anesthesia will be performed.

## What medications are prescribed for after the procedure?

Medications will be reviewed in detail at the preoperative appointment. You will receive a short course of opioids. We recommend that you transition over to Tylenol and anti-inflammatories within a week after surgery.

## What can I use to make my life easier after surgery and can I buy it ahead of time?

Recovering after surgery is hard. There are multiple things we can recommend to help make it slightly better:

**Knee scooter:** This is often helpful, but is not typically needed after the minimally invasive procedure. Please be aware that not all insurances pay for this. We can check during your preoperative appointment. You can purchase this through Amazon.com but you may want to check with family and friends to see if they have one to borrow.

**“Even-up”:** If you were given a Cam boot or a shoe with a large heel you may feel uneven on the opposite leg. You can purchase an even-up online to use on the opposite foot over the shoe.



**Shower bag/cast bag:** For any procedure you will need to keep your foot dry for the first few weeks postoperatively. You can do this by putting a cover over your dressing or splint /cast. You can purchase this at any pharmacy or online.

**Shower chair:** If you do not have a bench in your shower/bath you may purchase or rent a shower chair. We can also check with your insurance at the preoperative appointment.

**Wedge pillow:** It is highly recommend you use this about 80% of the time during the first few weeks after surgery.

**Walker/crutches:** These will be provided after preoperative appointment.

### Should I ice after surgery?

Yes. You will not feel the ice through the dressing or the splint, so in the initial post-op period try icing behind the ankle or behind the knee. When you return for the first post-op appointment, we will remove the dressing and you will be able to ice. Icing four to five times a day for about 20 minutes at a time is recommended.

### Can I adjust my dressings/splint?

No. Please keep your dressing/splint on and do not adjust. Keep it clean and do not allow it to get wet. Be careful to make sure the shower bag fits appropriately to decrease the risk of damaging the dressing.

If you are concerned that the splint may be too tight or causing pain, please call to let us know.

If the dressing looks like it is loose, this is a strong sign that you are too active and you need to slow down! If it comes off, you **MUST** come in for a dressing change.

### How much do I need to elevate?

Elevation in the first few weeks is extremely important. Reducing swelling helps pain control and ensures incisions heal well. We recommend elevating 80% of the time during the first two weeks. Placing your leg on two to three pillows should be sufficient, but the higher the better. You may also be given a wedge pillow to help elevate.

### What is considered normal after the procedure?

Swelling, pain and bruising are all normal after surgery. The swelling will go up and down depending on how much you elevate. You may have good days and bad days. Try to limit your activity. The bruising may also change location or color. This is normal. A small amount of drainage is also normal after surgery. If your dressings have soaked through or do not stop draining, please call the office.

### I put weight onto my foot by accident. Did I hurt the surgery?

Accidents happen. If you are told not to put weight onto your foot, please refrain from doing so. If you accidentally put weight on your foot, you may have increased pain and swelling. If this does not go away after a day or two, please call the office.

### How do I know where to go and what time to show up for my surgery?

Someone from the hospital or surgery center will call you the day before surgery with all of this information. They will tell you where to go, what time to be there, what to bring, what not to bring and what time you will have to stop eating/drinking.

Please wear sweatpants or shorts to surgery as it will be easier to place over your dressing.

