
GUIDELINES FOR PATIENTS FOLLOWING
ANKLE FRACTURE

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Ankle Fracture

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Introduction

This information booklet has been written to give you and your family a basic understanding of what is involved after you have an ankle fracture.

In this booklet we provide information which you should know before and after your operation. It is important for you to understand the advantages but also the possible problems, which may occur after this surgery.

Throughout your stay in Beacon Hospital, you will receive continuous advice and support from all members of the team.

What is an Ankle Fracture?

Ankle injuries are among the most common of bone and joint injuries. A fracture is a broken bone. When one or more bones of your ankle joint are broken, you have an ankle fracture. A fracture can happen in several ways. A fall can twist the ankle and cause a fracture. A forceful blow to the lower leg or ankle area can also cause a fracture. Your ankle and foot may become bruised and swollen

Fracture types and medical management

Non-displaced fracture

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When the broken bone or bones stay in their normal position, you have a **non-displaced** fracture. This type of ankle fracture can usually be treated by putting a cast or splint on the broken ankle. You wear the cast or splint until the fracture heals.

You may need to walk with crutches or a walker until the fracture heals. Your consultant and physiotherapist will tell you how much weight, if any, you can put on your fractured ankle.

For the first 2 to 3 days after the splint or cast is put on, keep your leg raised above the level of your heart as often as possible. It is **very important** to keep your leg raised. After 2 or 3 days, if your ankle or foot becomes swollen, keep your leg raised as often as possible.

Displaced fracture

When the broken bone or bones are moved out of normal position, you have a **displaced fracture**. In this type of fracture, the broken bones must be brought back into their normal position. This is called a **reduction**.

If the fracture is not too severe, your doctor may be able to correct the bones properly without surgery. No incision is made. This is called a closed reduction. Sometimes a **closed reduction** is done in a hospital's Operating Room or in the Emergency Department.

In some cases, surgery is needed to correct the bones properly. This is called an **open reduction** because an incision is made. Your doctor also may need to use pins, screws, or a plate to keep the bones in the right position.

You will wear a splint or cast to keep the bones aligned until the fracture heals. You also will need to walk with crutches or a

walker until the fracture heals. You may or may not be allowed to put any weight on your broken ankle. Your consultant and physiotherapist will tell you how much weight, if any, you can put on your fractured ankle.

For the first 2 to 3 days after the splint or cast is put on, keep your leg raised above the level of your heart as often as possible. It is **very important** to keep your leg raised. After 2 or 3 days, if your ankle or foot becomes swollen, keep your leg raised as often as possible.

The average fracture requires 6-8 weeks for the bone to heal.

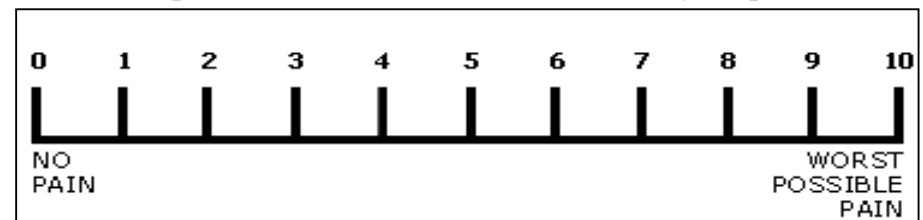
Manage Your Pain

Pain is a common occurrence following any injury or surgical procedure. It can be well managed with medications, special pain management devices and ice. The pain will naturally reduce as your wound heals and with regular use of analgesics (pain killers). It is imperative to keep your pain well controlled so you can mobilise comfortably, perform your physiotherapy exercises and resume normal activities.

The Doctor or Nurse will ask you to score your pain regularly especially before and after your surgery. The score will depend on how your pain feels to you.

0= No Pain, 10= worst pain imaginable

(Please point to the number that best describes your pain)



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Assign the number you feel best describes your pain. The nurses will administer appropriate treatments/ medications depending on your pain score. The nurse will reassess your pain score after the treatment to make sure it has worked to reduce your pain.

Physiotherapy

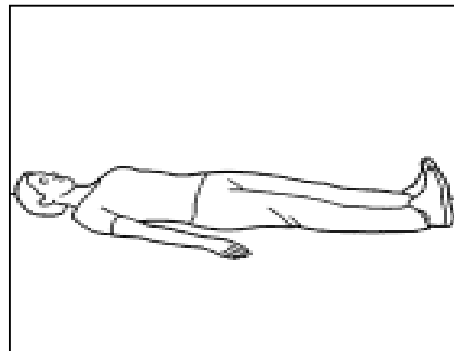
Exercises

- You will be seen by the Physiotherapist on the day after your surgery. It is important to follow the exercises as prescribed by your physiotherapist.
- You will be mobilised with crutches or a walker on the day after your surgery, once consented by your surgeon. You will not be allowed put weight through the leg until cleared by your surgeon at your follow up appointment.
- You will be taught how to use the stairs with your crutches by the physiotherapist.
- It is advisable to do your exercises minimum 3-4 times daily to maintain leg strength and prevent joint stiffness.

Exercises should be carried out 3-4 times daily

1. Static Quadriceps:

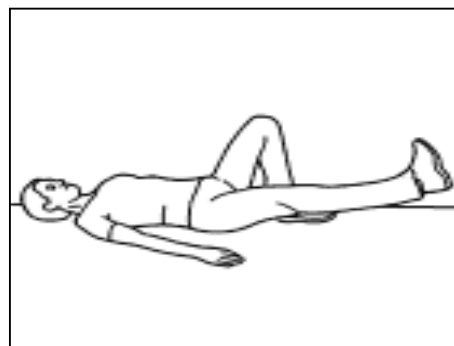
- Tighten muscles in front & back of the thigh.
- Hold for 5 seconds, relax. Repeat x 10.



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2. Straight Leg Raise:

- Start with the leg straight.
- Raise the leg off bed by approximately 12 inches.
- Hold for 5 seconds, relax. Repeat x 5.

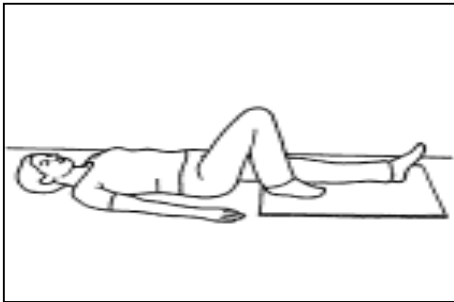


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3. Knee Flexion:

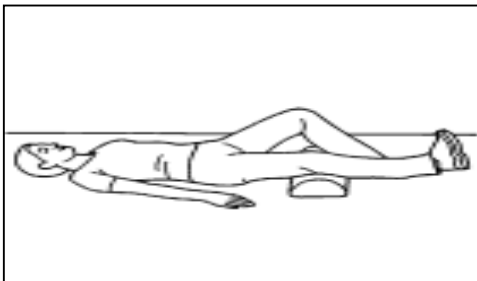
- Lying on your back, bend your knee as much as possible by sliding the leg up and down.
- Support your foot on the bed and use a plastic bag or sliding board under the foot for comfort. Repeat x 10.



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4. Knee Extension:

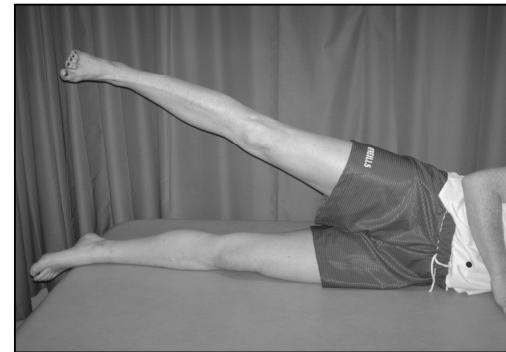
- Place a pillow or folded towel under your knee.
- Push the knee straight into the towel, hold for 5 seconds. Repeat x 10.



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5. Side lying Abduction

- Lying on your side with operated leg on top.
- Straighten knee and lift leg towards the ceiling.
- Repeat x10



Stairs Technique

Going up-stairs- Non weight bearing

- Maintain crutches on the step below.
- Take your weight onto the un-operated leg by pushing on crutches/walking stick and banister, whilst keeping operated foot off the ground.

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- Hop onto the step and follow with the crutch onto the same step.

Going Downstairs- Non weight Bearing

- Put crutch/walking stick down onto the step below.
- Lean onto banister and crutch as you hop onto step below.
- It is important to pause in between steps to minimise any risks of falling.
- If possible when you are at home, make arrangements to have a bed downstairs.

Walking

You must walk with your crutches, using the same pattern taught to you by your chartered physiotherapist. You will be informed how much weight bearing is permitted by your Consultant Orthopaedic Surgeon and Chartered Physiotherapist.

Crutches should be used until you can walk without a limp and you feel confident and comfortable walking without the use of an aid. When advised to use one elbow crutch, always use the crutch on the opposite side to your fractured ankle.

General Recommendations

Sleeping

If your injury requires admission to hospital, please note that some patients find it hard to sleep for various reasons, i.e. different bed and environment. If you find that you are having this problem please let the nursing staff know as you may require something to help you sleep.

Nausea

Some prescribed medications can cause nausea. Please inform the nursing staff if you feel sick or are getting sick as your medications may need to be changed or adjusted. Nursing staff can also get a medication prescribed to help relieve this nausea.

Driving

In order to be safe driving a motor vehicle, you must be in control of the pedals effectively. This will not be before 6 – 8 weeks from the date of your surgery. This will correspond with removal of your cast or splint. When travelling in the car you should sit in the front passenger seat. It is important that you avoid long journeys if possible.

Washing

Try to keep the cast as dry as possible. You can tie a plastic cover over the cast when showering. Care should be taken not to fall or lose your balance. If possible have assistance available.

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Travel

Prolonged periods of sitting on airlines may predispose you to leg swelling and leg clots, also known as deep venous thrombosis (D.V.T.) and therefore it is recommended that you avoid prolonged travel until 6 weeks after your surgery. If you must travel, wear elasticated stockings and keep your leg elevated as much as possible. Please discuss with your consultant any imminent travel arrangements.

Sexual Activity

Resumption of sexual activity is possible on discharge, however care should be taken to avoid excessive force on the ankle and the wound should be protected.

General Safety Advice for Home:

Please be aware of the hazards in your home as this will make your recovery easier and safer.

- Move electrical cords, phone lines and ensure clear pathways.
- Store items within easy reach specifically in the kitchen and bathroom areas.
- Remove rugs including bath mats and entrance mats.
- Be careful with pets and young children.
- Be aware of water spills, slipper floors and always think before you move

Discharge Instructions

You will be discharged from hospital 1-2 days after your operation. When you leave the hospital you will be asked to make an appointment to see your consultant. This is for a routine check-PT.PIL.034 Last Updated May 2014

up which will make sure you are progressing satisfactorily and x-rays will be taken. It is important to still bring your old X-rays with you at this time.

You will be advised to attend outpatient Physiotherapy within two to three weeks of discharge. You may either attend a private physiotherapist in the hospital or a physiotherapist more local to your home. If you would prefer to exercise in a group setting, Beacon Hospital provides weekly group exercise classes for certain patient groups. Your physiotherapist will provide you with the details of these classes. You will need to continue your physiotherapy for several weeks. Your physiotherapists will advise you after your surgery regarding your requirements.

On discharge from hospital, your consultant will prescribe you some medications. One of the medications prescribed will be pain medications. Plan to take your pain medication 30 minutes before exercises. Preventing pain is easier than chasing pain. If pain control continues to be a problem, contact the orthopaedic centre or your general practitioner.

Wound Care

You will leave the hospital with a simple surgical wound and a cast or splint on your ankle.

Infection may occur despite your very best efforts. If any of the symptoms below occur then you will need to see your GP or liaise with the centre for orthopaedics regarding advice and possible antibiotics to treat the infection.

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Signs of Infection

If you develop any of the following signs of infection, it is important to report them to your doctor. The signs of infection include:

- Redness around the cast
- Increased pain in your ankle
- Signs of swelling on your leg especially around the cast
- If the cast start to feel very tight
- A feeling of heat underneath the cast
- Discharge of fluid – may be green or yellow
- Odour or smell from the wound or from the cast
- Feeling of being generally unwell
- Fever or temperature

Conclusion

We hope that you have found this booklet useful and that it has helped to relieve some of your fears and anxieties regarding your surgery.

During your hospital stay, your medical team will be available to answer any other queries you may have.

Individual Patient Notes:

Consultant Name: _____

Date of Surgery: _____

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Surgery Note: _____

Weight Bearing Status: _____

Walking Device: _____
