



## **FRACTURE OF THE ANKLE OPEN REDUCTION INTERNAL FIXATION Postoperative Recovery Protocol**

### **Ankle fractures: General facts**

Fractures of the ankle range from relatively minor twisting injuries to those associated with violent disruption of the ankle, which may occur in motor vehicle accidents and falls from a height. There are two different mechanisms of injury which have different effects on the structure of the ankle. One occurs with a twisting mechanism where the body rotates around the foot, and the other occurs with a crushing mechanism following an impact to the foot, for example in a motor vehicle accident. Those with severe impact from motor vehicle accidents and falls from a height have the worst prognosis since there is often damage to the cartilage lining of the ankle. **We cannot guarantee that you will not get arthritis, however, the chances are decreased compared to not surgically fixing them.**

### **The ankle anatomy**

The ankle consists of the inner aspect of the tibia (the medial malleolus) the outer aspect of the ankle (the fibula), and the bone underneath the ankle (the talus). There are many different varieties and grades of severity of ankle fractures. These may involve only the medial malleolus, the fibula, or both bones (which is called a bi-malleolar fracture). At times the talus may completely pop out of the ankle joint associated with the fracture, in which case we call this a fracture dislocation.

### **Treatment of an ankle fracture**

- If the shape and anatomy of the ankle is not accurately restored, the cartilage lining of the ankle is disturbed, which will inevitably lead to arthritis.
- The goal of treating all ankle fractures is to reposition the bones to prevent the occurrence of arthritis.
- More minor ankle fractures can be treated in a boot or a cast without surgery.
- Many ankle fractures do, however, require operative treatment.
- Surgery is performed with incision(s) on one or both sides of the ankle. Screws and/or a metal plate are inserted into the medial malleolus and the fibula in order to accurately restore or reduce the fracture alignment.
- Occasionally if the fracture is very serious, we will use a small cage (called an external fixator) in addition to a plate and screws.

### **Postoperative recovery: general facts**

- Following surgery, a bandage with plaster is applied to the ankle until the stitches are removed in two to three weeks.

- You can drive if the left ankle is fractured by 5-7 days, but much later if it is the right ankle.
- **No walking on the foot is permitted until 6 weeks after surgery.** At that time you will be allowed to walk in a walking boot.
- It will take about 3 months before the ankle starts to feel comfortable. Ankle swelling will generally persist for about 9-12 months.

The specific Post-Operative Course:

Day 1

- Foot is wrapped in bulky bandage and splint, ice, elevate, take pain medication.
- Expect numbness in foot 12-24 hours, bloody drainage through bandage is expected.

2 weeks

- First follow-up in the office, X-rays taken, dressing changed, sutures are removed.
- A removable boot is applied, start movement of the ankle out of the boot.
- You can shower

6 weeks

- Start stationary bike. No resistance.
- Start physical therapy for a few months to get back strength and movement.
- Full walking in boot is permitted.
- Do not walk without the boot unless instructed.
- You will need the boot for 3-6 more weeks.
- An ankle brace is used once the boot is discontinued.

9-12 weeks

- Boot is discontinued and activity as tolerated is begun.
- Continue with physical therapy as needed.

**Examples of how we fix ankle fractures**

**The number of plates and screws will be tailored specifically for your fracture.**



Lateral Malleolar Only  
(Small bone only)



Trimalleolar  
(All three parts of the ankle)



Syndesmotic injury  
(Connection between the 2 bones)