

## Orthopaedic Department

# Ankle fracture

### What have I done?

A broken ankle is also known as an ankle fracture. This means that one of the bones that make up the ankle joint is separated into pieces. Your ankle joint is made up of three bones, the tibia (shin bone), the fibula and the talus.



### How is it treated?

A fractured ankle can range from a simple break in one bone, to several fractures which force your ankle out of place. The more bones that are broken the more unstable the ankle becomes.

- If the fracture is not out of place, or just barely out of place and the ankle is 'stable' you may not need surgery. A plaster cast will be applied to support the break.
- If the fracture is out of place or the ankle is 'unstable', surgery may be offered.

Different techniques for surgery can be used. This can involve the use of screws, a plate and screws, or different wiring techniques, depending on the type of fracture. The surgeon will discuss your options with you.



## Patient Information



Once the surgeon has decided that an operation is required it is important that we wait for the swelling to go down before you have your operation. Swelling is very common following a fractured ankle and if the ankle is too swollen when we operate there is an increased risk of wound infection and wound breakdown. Ankle swelling may take a few days (5 to 12) to improve. You do not need to stay in hospital to wait for the swelling to come down. You can go home and return to hospital on the scheduled day for surgery.

Before you go home we will make sure the position of your fracture is suitable and a plaster cast will be put on. The nurse discharging you will also make sure you can use crutches without putting any weight through your fractured ankle.

### At home

**An important part of the treatment of ankle fractures is to minimise swelling.**

Limiting swelling will help control the pain from the ankle fracture and minimise the risk of damage to the surrounding skin. Please follow the advice given below; **failure to do so may delay your surgery.**

- **Rest** - avoid activity, move around using the crutches given to you and do not put any weight through the ankle
- **Elevation** - Please keep your fractured ankle raised and supported on a pillow above the level of your hips for 23 hours a day.
- **Exercise** - move any joints left out of plaster - moving your toes will help to improve the circulation around your ankle and help reduce swelling.

**Pain killers** - You will be given pain killers to take home, please take them regularly as advised by the doctor or nurse:

- Paracetamol can be taken 1 gram every 4 hours with a maximum of 4g a day.
- Codeine can be used alongside paracetamol. 60mg of Codeine can be taken every 4 hours with a maximum amount of 240mg a day. Codeine can cause drowsiness, it is advisable not to drink alcohol whilst you are taking it.
- Oral non-steroidal anti-inflammatory drugs (ibuprofen) can also help to reduce swelling and inflammation. Ibuprofen **is not** recommended if you have a history of asthma, kidney disease, or if you have, or have had in the past stomach problems such as a peptic ulcer.

## Patient Information

- You will also be given a course of injections which thin your blood to take whilst you are at home. When a bone is broken clots are formed around the fracture site. One of these clots may travel to your lungs or heart. To minimise the risk of this happening we advise you to complete the course of injections given to you.

### Care of your plaster

- It is very important that you keep your cast dry
- Do not put any objects down your cast
- Do not put any lotions or powders down your cast

**Please contact the Orthopaedic Department on 024 7696 4000 (the Hospital main switchboard) and ask for bleep 2801 if:**

- Your cast becomes too loose or too tight or is digging in or rubbing
- You have pins and needles, loss of feeling, loss of movement or severe pain in your foot, leg or toes

### Day of surgery

Your surgery is scheduled for.....

Please arrive at Ward 52 pre-op clinic at.....

- You will not be able to eat or drink from 4.00 am. (You may have a sip of water to take your painkillers)
- You will need to bring an overnight bag with you
- Once you arrive the nurse will admit you
- The operating surgeon will come and see you in the morning and review your swelling. If the swelling has gone down sufficiently your operation will be carried out but if your ankle is still too swollen we will postpone your operation for another couple of days to allow the swelling to go down.

Following your operation you will be transferred to a ward where you will stay overnight. The following day you will be seen by a physiotherapist who will go through some appropriate exercises and make sure you are safe on your crutches.

You will also be seen by a specialist nurse or doctor who will go through your discharge plan with you.

### Medication

Medicines play a vital part in your recovery. They help to avoid further problems and control symptoms. You will be informed whether you need any medications to take home and will be provided with sufficient supplies.

We will explain your medications to you, identify potential side effects and discuss with you how to obtain further supplies.

### General points to remember:

- If you take regular medicine, do not stop it suddenly. Your body needs time to adjust to managing without it.
- It is important to take your tablets regularly.

## Patient Information

- Painkillers are usually better at preventing pain, and not so good at dealing with severe pain. If you experience some troublesome pain, it is better to take painkillers sooner than to wait until the pain is really bad.
- Follow the directions given to you by the healthcare professional or directed in the information leaflet supplied with the medication.
- Do not take double doses if you forget to take your medicine, take your normal dose when this is due.
- If side-effects are a problem, contact your doctor as soon as possible.
- It is a good idea to carry a list of your medicines with you. If your doctor or dentist wants to prescribe something for you, they can check your list of current medicines. Show your list of medication at each consultation or treatment.
- Always let the pharmacist know what prescribed drugs you are taking if you buy anything over the counter.

For your condition, it is common for patients to be discharged on the following medication; pain relief.

### General advice after discharge

It takes at least six weeks for broken bones to heal. Although most people return to normal activities, except for sports, within three to four months, studies have shown that people can still be recovering up to two years after their ankle fractures. It may take several months for you to stop limping while you walk.

- **Exercises** - your physiotherapist will explain the exercises you should do following your discharge and, if appropriate, will arrange an outpatient physiotherapy appointment. When sitting keep your leg elevated on a chair or stool. If possible your foot should be slightly higher than your hip as this will help reduce any swelling
- **Work** - how soon you can return to work will depend on the type of job you do, you will need to discuss this with your consultant
- **Driving** - most people return to driving within 9 to 12 weeks. It is inadvisable to drive whilst wearing a cast or splint. Always check with your insurance company before starting to drive again
- **Wound** - keep your wound and plaster dry. Your stitches or clips will be removed between 10-14 days or when you attend the outpatient fracture clinic. You should not bathe whilst you have a plaster on
- **Pain** - you will be advised to take regular pain killers for the first week, this is important to achieve a good recovery after your operation
- **Follow up** - you will be followed up as an outpatient at regular intervals after your discharge from hospital. Please use this opportunity to ask questions and discuss any concerns you may have

We will contact you on .....to check that everything is going well following your surgery.

## Patient Information

### **What if I have any problems at home?**

If you experience any of the following problems whilst you are at home;

- Your cast becomes too loose or too tight or is digging in or rubbing
- You have pins and needles, loss of feeling loss of movement or severe pain in your foot, leg or toes
- Fever

**Please contact the Orthopaedic Department on 024 7696 4000 bleep 2801**

**When you no longer require them, please return all walking aids (frames and crutches) to the Physiotherapy Department in the WISDEM Centre. Crutches can also be returned to the Fracture Clinic in the Main Hospital.**

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact the orthopaedic department and we will do our best to meet your needs.

The Trust operates a smoke free policy

### **Document History**

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