

	Fracture of the ankle – open reduction, internal fixation
Type of Procedure	Outpatient
Length of Procedure	
Anesthesia	General, regional
Follow-up Appointments	2 weeks, 6 weeks, 12 weeks

Ankle fractures: General facts

Fractures of the ankle range from relatively minor twisting injuries to those which are 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 is a twisting mechanism where the body rotates around the foot and the other is a crushing type injury where there is an impact of some sort on 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.

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 in some way so as to prevent the occurrence of arthritis. More minor ankle fractures can be treated in a boot or a cast without resorting to surgery. The majority of ankle fractures 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

Pre-op

Gait training	
Home program	
Medication restrictions	

Post-op

Immediate	
Mobility/Weightbearing instructions	Nonweight bearing for 6 weeks; use crutches, walker, wheelchair or roll-a-bout

Cast/Splint/Boot	Foot is wrapped in bulky bandage and splint for 2 weeks. Do not change dressing/splint.
Pain/Edema Management	Ice, elevate, take pain medication. Expect numbness in foot 12-24 hours; bloody drainage through bandage is expected.
Medications/Restrictions	
Other instructions	Do not get the leg wet

Weeks 2-3	
Mobility/Weightbearing instructions	Nonweight bearing for 6 weeks. 30 lbs. body weight is allowed 5 minutes twice a day when washing/bathing.
Cast/Splint/Boot/Brace/Shoe	Dressing changed, sutures are removed after 2 weeks; a removable boot is applied
Pain/Edema Management	Ice, elevate, take pain medication
Medications	
PT/Exercises/ROM/Gait	start movement of the ankle out of the boot as instructed
Other instructions	You can shower, provided the incision is clean and dry. Do not soak the foot until the incision is completely dry. You can drive if the left ankle is fractured by 5-7 days and much later if it is the right ankle.

Weeks 4-6	
Mobility/Weightbearing instructions	No walking on the foot is permitted until 6 weeks, and then you will be in a walking boot. Do not walk without the boot. Some weight in the pool is allowed if there is no discomfort or pain.
Cast/Splint/Boot/Brace/Shoe	Walking boot
Pain/Edema Management	
Medications	
PT/Exercises/ROM/Gait	Physical therapy exercises, swimming and biking are important as part of the recovery process to maximize the strengthening of the leg and movement of the ankle. Start in a swimming pool using a flipper to help movement. Exercise on a stationary bike can begin at 6 weeks with no resistance.
Other instructions	

Weeks 9-12	
Mobility/Weightbearing instructions	
Cast/Splint/Boot/Brace/Shoe	
Pain/Edema Management	
Medications	
PT/Exercises/ROM/Gait	Exercise on machines supervised by a physical therapist at 8 weeks.
Orthotics	
Other instructions	It will take about 3 months before the ankle starts to feel comfortable and swelling and pain may persist for about 6 months.

