Patient Information for Consent

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OS10 Ankle Fracture Surgery

Expires end of September 2020

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What is an ankle fracture?

An ankle fracture is a break of one of or both your ankle bones (see figure 1).

Your surgeon has recommended an operation to treat your broken ankle. However, it is your decision to go ahead with the operation or not.

This document will give you information about the benefits and risks to help you to make an informed decision. If you have any questions that this document does not answer, ask your surgeon or the healthcare team.

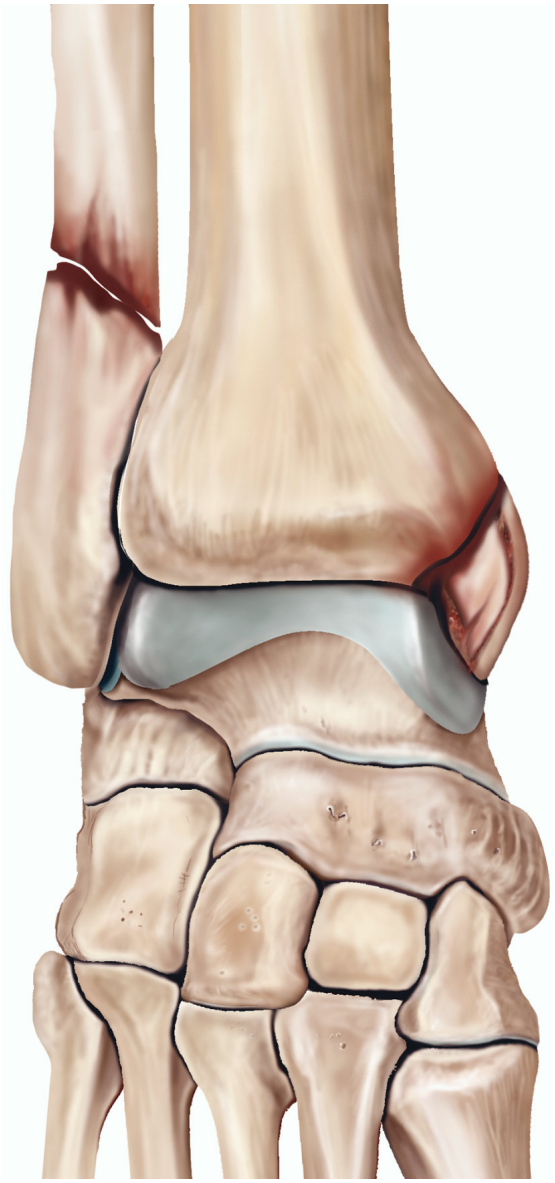

Figure 1
Fractures of both ankle bones

How does an ankle fracture happen?

An ankle fracture is usually caused by a twisting injury to your ankle, resulting from sports or a simple fall or trip. There may be a break of the bone on the outer side of your ankle (fibula), the inner side (tibia), or both sides.

Sometimes the injury causes the bone to break through your skin. This is known as an open or compound fracture. There may also be damage to your ankle ligaments.

What are the benefits of surgery?

Your bones should heal in a good position. If the bones heal in an incorrect position, you are more likely to get stiffness and arthritis in the future.

Are there any alternatives to surgery?

If your ankle bones are in a good position, it may be possible to treat the fracture using a cast or a walker boot. If the bones do not go back into place or come out of place later, it is usually best to have an operation to fix your fracture.

What will happen if I decide not to have the operation?

You will be treated using a cast or walker boot. You may need to use a walking aid to keep your weight off your leg. You may need to have x-rays to check the position of the bones.

What does the operation involve?

The healthcare team will carry out a number of checks to make sure you have the operation you came in for and on the correct side. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

Various anaesthetic techniques are possible. Your anaesthetist will discuss the options with you. You may also have injections of local anaesthetic to help with the pain after the operation.

You may be given antibiotics during the operation to reduce the risk of infection. The operation usually takes 30 minutes to an hour. Your surgeon will make one or more cuts to expose the broken bones on the inner and outer sides of your ankle. They will usually fix the fractures using screws and a plate, although sometimes they need to use other devices (see figure 2).

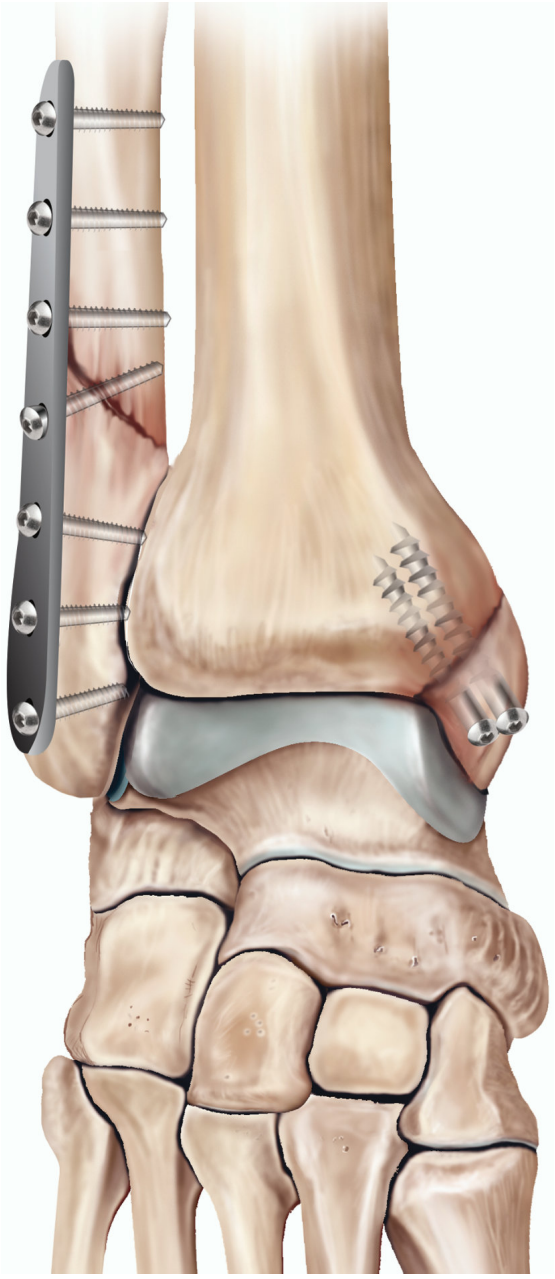

Figure 2
Fractures fixed using a plate and screws

Your surgeon will close your skin with stitches or clips and place a bandage or cast on your ankle.

What should I do about my medication?

Let your doctor know about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter. Anti-inflammatory painkillers may prevent the fracture from healing properly, so it is better not to take these if possible.

What can I do to help make the operation a success?

If you smoke, stopping smoking may reduce your risk of developing complications and will improve your long-term health. Nicotine is known to stop fractures from healing.

Regular exercise should help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

You can reduce your risk of infection in a surgical wound.

- Try to have a bath or shower either the day before or on the day of the operation.
- Keep warm around the time of the operation. Let the healthcare team know if you feel cold.

What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

Some complications can be serious and can even cause death (risk: 1 in 250).

You should ask your doctor if there is anything you do not understand.

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

General complications of any operation

- Pain. The healthcare team will give you medication to control the pain and it is important that you take it as you are told so you can move about as advised.
- Unsightly scarring of your skin, although ankle wounds usually heal to a neat scar.

- Infection of the surgical site (wound). Infection can sometimes prevent the fracture from healing. It is usually safe to shower after 2 days but you should check with the healthcare team. Keep your wound dry and covered. If you have a cast, you must keep it dry. Let the healthcare team know if you get a high temperature, notice pus in your wound, or if your wound becomes red, sore or painful. An infection usually settles with antibiotics but you may need another operation (risk: 1 in 50).

- Blood clot in your leg (deep-vein thrombosis – DVT) (risk: 1 in 850). This can cause pain, swelling or redness in your leg, or the veins near the surface of your leg to appear larger than normal. The healthcare team will assess your risk. They will encourage you to get out of bed soon after the operation and may give you injections, medication, or inflatable boots or special stockings to wear. Let the healthcare team know straightaway if you think you might have a DVT.

- Blood clot in your lung (pulmonary embolus), if a blood clot moves through your bloodstream to your lungs (risk: less than 1 in 300). Let the healthcare team know straightaway if you become short of breath, feel pain in your chest or upper back, or if you cough up blood. If you are at home, call an ambulance or go immediately to your nearest Emergency department.

- Difficulty passing urine. You may need a catheter (tube) in your bladder for 1 to 2 days.

Specific complications of this operation

- Damage to nerves, leading to a patch of numb skin or a tender scar. This usually gets better but may be permanent.

- Severe pain, stiffness and loss of use of your foot and ankle (complex regional pain syndrome) (risk: 1 in 7). The cause is not known. You may need further treatment including painkillers and physiotherapy. Your foot and ankle can take months or years to improve.

- Loosening or breaking of the plate and screws, if your bone is soft or if you put too much weight on your foot before the fracture has healed properly. You may need another operation (risk: 1 in 125).

- Infection in the bone, which is a serious problem that interferes with healing. The risk is higher if you had an open fracture. If you get an infection, you will often need another operation.

- Delayed union, where the fracture does not heal in a normal period of time. You may need another operation.

How soon will I recover?

In hospital

After the operation you will be transferred to the recovery area and then to the ward. Keep your foot raised so that the swelling settles.

The healthcare team will check the blood circulation in your foot and monitor any bleeding or swelling.

Your surgeon will tell you how much weight you can put on your foot. The physiotherapist will help you to walk safely. You may need crutches or a walking frame.

Keep your wound dry for 4 to 5 days, and use a waterproof dressing when you have a bath or shower.

The healthcare team will tell you if you need to have any stitches or clips removed, or dressings changed.

You should be able to go home after 1 to 2 days. However, your doctor may recommend that you stay a little longer.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

Returning to normal activities

To reduce the risk of a blood clot, make sure you follow carefully the instructions of the healthcare team if you have been given medication or need to wear special stockings.

Spend most of the time during the first 2 weeks with your leg raised on pillows or a footstool so that the swelling settles. As you begin to move about more, remember to use your walking aids as you are told.

The healthcare team will arrange for you to go to the fracture clinic to check that the fracture is healing properly. Your ankle may be kept in a cast until the bones have healed, which usually takes about 6 weeks.

Your surgeon or physiotherapist will tell you when you can place weight on your ankle and you will be given exercises to help get your ankle moving. It can take several months before you are able to return to all your normal activities.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Do not drive until you are confident about controlling your vehicle and always check your insurance policy and with your doctor.

The future

Most people make a good recovery and get back good function.

However, your ankle may never be as strong as it was before the injury. Some swelling and mild stiffness is common and it can take at least a year until your ankle stops improving. If you have slim ankles, you may find that you can feel the plate under your skin. If this is uncomfortable, you can have another operation to remove the plate and screws once the fracture has fully healed. However, they are usually not removed unless they are causing problems.

Your doctor may recommend tests or further treatment to reduce the risk of another fracture.

- Looking into any cause for your fall, such as a dizzy spell or blackout.
- An exercise programme to improve your balance and muscle strength.
- Medication to make your bones stronger if you have osteoporosis (brittle bones).

About 1 in 7 people develops arthritis in the ankle but this does not often need any treatment.

Summary

For some types of ankle fracture, an operation is the best way to make sure your ankle bones heal in a good position.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Acknowledgements
Reviewer: Mr Stephen Milner DM FRCS (Tr. & Orth.)
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