

Ankle Fracture Fixation and Arthroscopy

INTRODUCTION

Some ankle fracture patterns require open reduction and internal fixation. This involves restoring the normal anatomy of the bones of the ankle and holding them in place with plates and screws. Arthroscopy (keyhole surgery) is also performed to evaluate the cartilage inside the joint. Fortunately, most patients have a good result following ankle fracture surgery and are able to return to most pre-injury activities.

THE SURGERY

Ankle fracture surgery involves a number of steps:

- General anaesthetic and IV antibiotics
- Tourniquet around the thigh
- Incision/s over fractures
- Restoration of normal anatomy (open reduction), and internal fixation with plates and screws
- Two small incisions (~6mm) over front of ankle
- Insertion of arthroscope (camera) and keyhole surgery instruments to evaluate ankle joint
- Closure of incisions with sutures
- Local anaesthetic block
- Surgical camboot (VACOcast) or plaster cast

GUIDELINES FOR POST-OP RECOVERY

HOSPITAL ADMISSION

- In hospital post-op for 1 night, IV antibiotics

FIRST 2 WEEKS

- Elevate foot and rest
- Usually NON-WEIGHTBEARING in boot/cast
- Mobilise with knee scooter/crutches/frame
- Boot/cast and dressings to stay dry and intact
- Strong painkillers as required
- Aspirin 100mg & Vitamin C 1g per day
- Antibiotics for 5 days if prescribed
- Wiggle toes to encourage circulation

2 WEEK POST-OP APPOINTMENT

- Review by nurse & removal of dressings and sutures

WEEKS 3-6

- Surgical boot on at ALL times, including in bed, except for rehab exercises & showers (seated with shower chair)
- Elevate foot when resting
- Daily scar massage from 3 weeks post-op
- Continue Aspirin and Vitamin C
- Podiatry/physiotherapy review (arrange first appointment 2-5 days after 2-week post-op check)
- **REHAB - PODIATRY/PHYSIOTHERAPY:**
 - Joint mobilisation, soft tissue manipulation, nerve desensitisation
 - Commence gentle active and passive ankle, midfoot and forefoot ROM exercises
 - (Weightbearing instructions will be based on fracture characteristics, decided at time of surgery)
 - Exercise bicycle with surgical boot on
 - General upper body, core, hip and knee exercises

6 WEEK POST-OP APPOINTMENT

- X-ray and review by Dr Zilko

WEEKS 7-12

- **PODIATRY/PHYSIOTHERAPY:**
 - Transition out of boot into normal supportive shoes
 - Gait re-training
 - Exercise bicycle +/- elliptical trainer in normal shoes
 - Continue lower limb strength and conditioning

12 WEEK POST-OP APPOINTMENT

- X-ray and review by Dr Zilko

FROM 12 WEEKS

- **PODIATRY/PHYSIOTHERAPY:**
 - Work-specific or sport-specific training
 - Safe to commence open-chain impact/running if fractures healed

Full recovery is usually 6-12 months.

Some patients require removal of metalwork from 6 months following their original surgery.

Every patient's recovery is individual and depends on the severity of the injury and complexity of the surgery.

Copyright 2024 Dr Simon Zilko. All rights reserved.