

Calcaneum Fracture Fixation

INTRODUCTION

Due to the type of your calcaneum (heel bone) fracture, you require open reduction and internal fixation (ORIF). This involves restoring the normal anatomy of the heel bone and holding it in place with plates and screws. Use of an arthroscope (joint camera) may also be required to evaluate the cartilage inside the joint, retrieve bone/cartilage fragments, and assist with restoration of the joint surface.

THE SURGERY

Calcaneum fracture surgery involves a number of steps:

- General anaesthetic and IV antibiotics
- Tourniquet around the thigh
- Incision over the outside of the heel
- Restoration of normal anatomy (open reduction), and internal fixation with plates and screws
- Insertion of arthroscope (camera) to evaluate and assist with joint surface restoration
- Intra-operative X-rays
- 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
- Strictly 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 D 5000 units and Vitamin C 1g per day
- Antibiotics for 5 days
- 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, Vitamin D 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
 - Continue non-weightbearing in boot
 - 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:**
 - Commence full weightbearing as tolerated and transition out of boot into normal supportive shoes
 - Gait re-training
 - Continue lower limb strength and conditioning

12 WEEK POST-OP APPOINTMENT

- X-ray and review by Dr Zilko

FROM 12 WEEKS

- **PODIATRY/PHYSIOTHERAPY:**
 - Exercise bicycle +/- elliptical trainer in normal shoes
 - Work-specific or sport-specific training

Full recovery is usually 9-12 months. Some patients require removal of metalwork from 9 months following their original surgery.

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