

Talus Fracture Fixation

INTRODUCTION

Talus fractures are normally serious injuries, and may require open reduction and internal fixation (ORIF). This involves restoring the normal anatomy of the talus and holding it in place with screws and/or plates. Use of an arthroscope (joint camera) may also be required to evaluate the cartilage inside the subtalar or ankle joints, retrieve bone/cartilage fragments, and assist with restoration of the joint surface.

THE SURGERY

Talus fracture surgery involves a number of steps:

- General anaesthetic and IV antibiotics
- Tourniquet around the thigh
- Dual incisions, one over the inside aspect of your ankle (medial), and one over the outer front part of your ankle (anterolateral)
- 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

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
- **REHAB - PODIATRY/PHYSIOTHERAPY:**
 - Joint mobilisation, soft tissue manipulation, nerve desensitisation
 - Commence gentle active and passive ankle, midfoot and forefoot ROM exercises
 - Continue strict **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 *in the boot* for a further 4 weeks
 - After 4 weeks, slowly wean into a normal supportive shoe (eg running/gym shoe)
 - Gait re-training
 - Continue lower limb strength and conditioning
 - **NO** impact exercises at all

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

Recovery is usually 9-12 months. Talus fractures unfortunately carry high risks of non-union and osteonecrosis (bone death), which can necessitate further surgery in the future.

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