

## Procedure Information Sheet - Ankle Fracture Fixation Surgery

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### **Introduction**

- The ankle joint is the largest, heavily loaded articulation in the foot and ankle. It has to maintain stability as well as provides mobility. Most ankles are fractured as a result of indirect injury from either an internal or external forces of twist, turning or rotation, resulting in fracture and/or ligamentous injuries. It can lead to dislocation or even open fractures.
- The ankle joint is formed from three pieces of bones, if the fracture cannot be reduced accurately, it may lead to post-traumatic osteoarthritis.

### **Management of fracture and procedure**

1. Ankle will swell after fracture; the lower limb should be elevated, avoiding haematoma or fracture blister formation. If there is a wound or the fracture is open, priority wound management is the most important, debridement surgery becomes necessary.
2. If the fracture is mild and the ankle articulation is preserved, conservative management with a Plaster-of-Paris is adequate. Patient can walk with crutches, without weight bearing on that foot.
3. Operation
  - I. When the fracture is displaced or even dislocated, it should be considered for operative reduction and internally fixed. In general, internal fixation is accompanied with the use of prophylactic use of antibiotic for reducing infection. Fixation methods include use of K-wire, tension band wire, screws and plate. After fixation, cast immobilization may not be necessary.
  - II. In complicated situation such as severe open fractures, comminuted fractures or when there is soft tissue defect, additional procedures such as bone grafting, external fixation frame or microvascular reconstruction may be necessary, usually in stages.

### **Pre-operative preparation**

1. You will need to sign a consent form and your doctor will explain to you the reason, procedure and possible complications.
2. Keep fast for 6-8 hours before operation.

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### **Possible risks and complications**

#### ***A. In general***

- Like other orthopedic operations, there are risks and complications associated with medical illness and wound including pneumonia, infection, blood loss, stroke, heart attack, failure to recover etc. All can be fatal if severe.

#### ***B. Specific risks and complications***

- Non-union.
- Mal-union, suboptimal reduction.
- Joint stiffness.
- Post-traumatic osteoarthritis.
- Wound complication.
- Nerve injuries, vessel injury, muscle / tendon injury.
- Complex pain syndrome.
- Problems with implants including loosening or exposure.

### **Post-operative information**

#### ***A. Hospital care***

1. Most patients with an ankle fracture need to avoid loading that foot for about 6 weeks, using two crutches for non-weight-bearing walking/ touchdown walking may be allowed.
2. Physiotherapy training is the first step for rehabilitation. After the fracture is fixed or when external cast is off, the ankle must mobilize as soon as possible, regaining mobility and preventing muscle atrophy.
3. If transitioning screws are applied to tibia and fibula, another operation may be required for removal of screws in 6-8 weeks time.

#### ***B. Home care after discharge***

1. Please contact your doctor if your wound has any excessive bleeding, collapse, severe pain, fever (body temperature above 38°C or 100°F), signs of wound infection such as redness, swelling or purulent discharge etc.
2. Follow up on schedule as instructed by your doctor.

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### **Remark**

The above mentioned procedural information is not exhaustive, other unforeseen complications may occur in special patient groups or individual differently. Please contact your physician for further enquiry.

**Reference:** [http://www21.ha.org.hk/smartpatient/tc/operationstests\\_procedures.html](http://www21.ha.org.hk/smartpatient/tc/operationstests_procedures.html)

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I acknowledge that the above information concerning my operation/procedure has been explained to me by Dr. \_\_\_\_\_. I have also been given the opportunity to ask questions and receive adequate explanations concerning my condition and the doctor's treatment plan.

**Name:**

Pt No.:

Case No.:

Sex/Age:

Unit Bed No:

Case Reg Date & Time:

Attn Dr:

Patient / Relative Signature: \_\_\_\_\_

Patient / Relative Name: \_\_\_\_\_

Relationship (if any): \_\_\_\_\_

Date: \_\_\_\_\_