聖保祿醫院
St. Paul's Hospital

ZNAG_PIS69_P	(V1) Mar 2023

Procedure Information Sheet – Ankle Fracture Fixation Surgery

Visit No.:	Dept.:
Name:	Sex / Age:
Doc. No.:	Adm. Date:
Attn. Dr.:	
Patient No.: PN	*Please fill in / affix patient's label*

Introduction

1. 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 nor external forces of twist, turning or rotation, resulting in fracture and / or ligamentous injuries. It can lead to dislocation or even open fractures.
2. 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.

Risk and Complication

1. There are always certain side effects and risks of complications of the procedure. Medical staff will take every preventive measure to reduce their likelihood.
2. Surgical instruments or implant may be broken off and retained at the surgical site during operation.

A. Anaesthesia

Please ask the anaesthetist for details of anaesthetic complications.

B. 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.

C. Specific complications

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

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Before the Procedure

1. You will need to sign a consent form and your doctor will explain to you the reason, procedure and possible complications.
2. Blood tests, X-ray, correct and optimizing existing illness e.g. diabetes, asthma.
3. Optimization of pre-existing medical conditions, e.g. heart disease, hypertension, diabetes mellitus, anaemia, asthma, etc.
4. Inform your doctor of any medical condition and any medications you are taking. The medications may need to be adjusted as appropriate.
5. Fast for 6-8 hours before the operation.
6. The operation will be scheduled after the fracture site has reduced swelling.

After the Procedure

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.

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℃ or 100℉), signs of wound infection such as redness, swelling or purulent discharge etc.
2. Follow up on schedule as instructed by your doctor.

Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor.

Reference

Hospital Authority – Smart Patient Website

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.

_____	_____	_____	_____
Patient / Relative Name	Signature	Relationship (if any)	Date