

## **POST-OPERATIVE INSTRUCTIONS**

### **ANKLE AND FOOT FRACTURE REDUCTION AND FIXATION**

#### **The first 2 weeks**

You have just undergone an operation to realign and securely “fix” the fracture(s) affecting your ankle or foot.

Metal implants have been used to secure the fixation. These are typically buried beneath the skin and soft tissues, but occasionally a temporary wire or “pin” is left protruding. It will be kept carefully covered and protected until its removal. Xrays demonstrating your reduced and internally secured fracture(s) will usually be made available for you to keep.

Either at the commencement or at the end of the procedure, a local anaesthetic agent was injected, in order to reduce post-operative pain. The wound was closed with small sutures, covered with a dressing and wrapped in a bandage. A “half-cast” was then applied, to protect the position of your foot and ankle injury, and improve post-operative comfort.

Expect *some* pain in your foot, particularly when the local anaesthetic wears off, but this should be controllable with elevation and oral pain-killers, and should improve dramatically over the next 48 hours.

When you are able to comfortably stand and mobilise independently, you can go home, but you will need at least 1 or 2 nights in hospital. You may get out of bed the day after the operation, but you will sit or lie with your foot strictly elevated. A physiotherapist will see you and teach you to safely use crutches or a walking frame.

An anti-coagulant will be administered for the period of your non-weight-bearing and splintage, to lessen the risk of a DVT (clot in the calf ). This will usually be six weeks.

Occasionally, there can be some blood seepage into the dressings and cast, causing staining. This is rarely a cause for concern, unless copious.

It is important that you don't stand or walk on your operated limb.

You may shower, but it is important to keep the cast and dressings dry. These must remain intact until your first post-operative appointment.

At home, keep your foot elevated as much as possible. Just above hip height is ideal when you are seated.

If you have any concerns regarding your progress before your first post-operative appointment, please ring the rooms, during normal hours, or your local doctor, if available after hours. If you require urgent out-of-hours attention, please ring or present to a hospital Emergency Department at any time. Both Norwest Private and Sydney Adventist Hospitals provide this service.

#### **Subsequent weeks**

It remains crucial that you not bear any weight on your operative limb! Keep using either crutches, a walking frame or similar device. Continue your anti-coagulant. Further elevation will help to control swelling and discomfort. It is normal for there to be some toe discolouration when the foot hangs.

At your 2 week post-operative visit, the temporary ½ cast will be removed and sutures extracted.