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Adult and Paediatric Orthopaedic Surgeon

Foot, Ankle and Trauma Surgery

MIDFOOT FRACTURE / LISFRANC FRACTURE

INTRODUCTION

A Lisfranc injury is an injury to one or more of the small joints of the middle of the foot.

THE SURGERY

There are a number of steps to this surgery. They are:

- i. general anaesthetic, intravenous antibiotics
- ii. incision over fracture
- iii. restoration of normal anatomy
- iv. fixation of fracture with plates, screws, tightropes or wires
- v. check x-ray
- vi. wound closure
- vii. application of plaster

RISKS OF SURGERY

All surgical procedures carry some risk. Fortunately, the risk of complications with midfoot / Lisfranc surgery is relatively low (in the vicinity of 20%). Some of the risks of surgery include:

- Infection
- Problems with wound healing that may require antibiotic treatment, readmission to hospital, further surgery including plastic surgery and/or other treatments
- Nerve injury causing pain, numbness tingling and/or pins and needles
- Ongoing pain
- Complex regional pain syndrome
- Scarring and stiffness
- Midfoot arthritis
- Deep venous thrombosis/pulmonary embolism. (The risk of DVT increases with smoking, the oral contraceptive pill and hormone replacement therapy, immobility and obesity).
- Insufficient blood flow resulting in loss of toes, foot or limb
- Drug allergy / anaphylaxis
- Further surgery
- Anaesthetic complications including heart attack, stroke and death

GUIDELINES FOR EXPECTED POST OPERATIVE RECOVERY

Keep dressings dry and intact until post operative appointment. Keep foot elevated as much as possible, especially for initial 72 hours.

Removal of stitches/sutures: 10-14 days at first post operative appointment.

Xarelto tablets (to prevent deep venous thrombosis): for 6 weeks

Pain killers may be required for up to 6 weeks.

Protected weight bearing:

- Back slab plaster for 2 weeks following surgery
- Short Aircast boot for 4 weeks with touch weight bearing
- Short Aircast boot for further 6 weeks with partial to full weight bearing

Wires will be removed after 6 weeks. Screws will be removed after 4 months.

Return to most activities: within 6 – 9 months.

Full recovery: up to 12 months.

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

ANY PROBLEMS

During office hours contact Dr Wines' office on (02) 9409 0563. After hours, please contact the hospital where your surgery was performed.