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Foot, Ankle and Trauma Surgery

OPEN REDUCTION AND INTERNAL FIXATION ANKLE

INTRODUCTION

Due to the nature your ankle fracture, you require open reduction and internal fixation. This involves restoring the normal anatomy of the bones of the ankle and holding them in place with plates and screws. Fortunately, most patients have an excellent result following ankle fracture surgery and are able to return to most pre-injury activities.

THE SURGERY

There are a number of steps involved in ankle surgery. These include:

- i. general anaesthetic, intravenous antibiotics
- ii. incision over fractures
- iii. restoration of normal anatomy
- iv. fixation of fractures with plates and screws
- v. check x-ray
- vi. wound closure with stiches/sutures
- vii. back slab

THE RISKS OF SURGERY

All surgical procedures carry some risk. Fortunately, the risk of complications with ankle surgery is 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
- Painful plates and screws requiring removal
- 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.

Xarelto tablets to prevent deep venous thrombosis: for 6 weeks

Pain killers may be required: 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

Post-operative physiotherapy will generally commence at 6 weeks.

Return to most activities: 6 months. Full recovery: Up to 12 months.

Some patients will require removal of their plates and screws from 6 months following their original surgery.

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.