

ANKLE FRACTURE REPAIR POST-OPERATIVE GUIDELINES

INITIAL SURGICAL DRESSING

A gauze dressing will be covered by a padded cast called a splint. Caution is used to avoid sliding when the cast is resting on a hard floor surface. The dressing will be removed on your first post-operative appointment in the office. Keep the dressing/splint clean and dry until then. You may notice bleeding or drainage on your bandage. This is not unusual. Do not remove the bandage. You may apply another bandage over if necessary. If bleeding is excessive, call the Surgeon on call.

BED REST AND ELEVATION

Bed rest is prescribed for at least three days after operation. During the period of bed rest, the feet are elevated above the level of the heart. Progressing with ambulation around the house is encouraged without weightbearing. Continue elevating the foot/feet when at rest as often as possible; this will help decrease swelling and pain. It is better to be up frequently for short periods of time rather than being up fewer for longer periods of time and this will increase swelling and pain. Confinement to the house for the first week is recommended.

WEIGHTBEARING

Avoid weightbearing completely for the first four to six weeks after surgery on the operative side. The use of crutches, a walker, wheelchair or knee scooter is required through the first six weeks after surgery.

PAIN MANAGEMENT

Local anesthetic and often a nerve block is used to anesthetize or numb the surgical area. This will numb the pain for approximately 4-24 hours after surgery.

Oral pain medication is prescribed, and given to the patient before surgery. Fill the prescriptions as soon as possible and begin taking them as directed for the first three days, as this tends to be the most painful period. Then the pain medication can be scaled back as pain lessens. Pain medication is constipating. Increased fluid intake and over the counter stool softeners are recommended to be started after surgery. If pain is intolerable during the first 24 to 48 hours: Phone the surgeon on call

BANDAGES AND CASTS

First and second weeks: The bandage will be covered by a cast.

After 2 weeks sutures are removed and a removable walker boot is usually applied. Occasionally the foot needs more stability than provided by the walker boot, and a cast will be reapplied. The removable walker boot is used at all times, even when sleeping. It is removed for doing exercises and showering. After six weeks, weight bearing can begin using the walker boot. Two weeks after weightbearing in the walker boot the transition into normal shoes.

SHOWERING AND DRIVING

While a cast is in place, keep it dry when showering. This can be done with a cast bag or trash bags secured with duct tape or a thick rubber band.

Driving is usually not safe for about eight to ten weeks after operation if the right foot is operated upon. If the left foot is operated upon, driving is usually practical at two to three weeks.

REHABILITATIVE EXERCISES

First week (days 0 - 6): No exercises.

Second week: (days 7-13) Tighten the muscles of the foot and leg without excessive deliberate motion in the toes or ankle. Tighten the muscles for 20 seconds, relax briefly and repeat. A "set" of isometric contractions is 5. Do a set each hour until the cast is discontinued.

Third week (days 14 - 20): During the third week, massage is emphasized unless a cast is in place. Use both hands to grasp the top of the foot by the great toe. Apply progressively greater pressure with the hands. A set of massage is 5 twenty-second (hand applications). Do 4 or 5 sets per day in the initial two weeks.

Fourth week: (days 21-27) Formal physical therapy can start at this time.

SKIN CARE

Beginning when the cast is taken off, soften the skin with Vaseline, vitamin E ointment or a thick hand lotion like Curel. Avoid the surgical sites until they are completely healed and there is no drainage.