# Ankle Fractures

## A Patient Information Leaflet

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**What is an ankle fracture?**
An ankle fracture is a break in the bone that comprises your ankle joint. They are most commonly caused by 'going over' on your ankle. There is a large variety of ankle fractures.

**How is it diagnosed?**
The fracture is diagnosed usually by examination and X-rays. Occasionally x-rays need to be repeated if the initial x-rays do not show all the details of the injury. Further investigations (such as a CT) may be requested by your consultant in more complex situations.

**What is the treatment?**
The treatment depends on the type of ankle fracture.
***Non-operative treatment:***
If the fracture is stable and does not require an operation then treatment is usually by a plaster cast. Your doctor will decide whether or not an operation is indicated. Treatment is usually for around six weeks but may be longer depending on the fracture type, evidence of healing and other medical problems (particularly diabetes).
***Operative treatment:***
If the fracture is unstable then surgery may be required to hold the bones in place. This may be a combination of plates and screws but this is very dependant on your fracture type. Such plates and screws are not sufficiently strong enough to support your body weight, and are used only to hold the bones in the correct position until the fracture heals. Therefore, non-weight bearing after surgery is required usually for around six weeks but may be longer depending on the fracture type, evidence of healing and other medical problems (particularly diabetes and smoking). Delay in operative intervention may be required if the swelling in your ankle is too severe on admission.

***If you are sent home with an ankle fracture while the swelling subsides then you must strictly elevate your ankle both during the day and night. It is probably wise to remain housebound at this stage to prevent worsening of the swelling.***

**Will I need crutches?**
In the majority of cases crutches or some form of walking aid will be needed. If mobility is difficult then a physiotherapist can give you advice about how to mobilise and deal with stairs. In stable injuries your doctor may allow you to weight-bear as tolerated. In unstable injuries your doctor will decide whether you should put any weight through your ankle. Strict non-weight bearing means you should hop on your other leg. Occasionally a wheelchair may be required.

**What are the possible complications?**
Complications from any type of ankle fracture include:

- Continued pain
- Failure of the bones to heal (called non-union)
- Stiffness
- Swelling
- Nerve damage
- Deep vein thrombosis or pulmonary embolus
- Arthritis in the ankle joint causing persistent pain

Complications of surgery include all the above as well as:

- Wound problems including infection and delayed wound healing
- Nerve problems including numbness around your wound and occasionally your foot. This usually resolves.
- Bleeding
- Need for further surgery
- Failure of fixation
- Metalwork problems including the need for removing the metalwork if it becomes prominent.

**What pain should I expect?**
Pain is to be expected around the ankle until it heals. Painkillers may be dispensed via accident and emergency or though the ward. The medical staff will be able to advise you on their use.

**What is the likely recovery?**
Recovery is very dependent on the type of fracture but it is unlikely that you will return to normal activities before three months. Some patients do not regain their pre-injury level of activity. Your physiotherapist can give you advice as to when you can return to sports.

**Will I be able to weight bear on my ankle?**
Your doctor will advise you as to whether you can weight bear.

**What can I do to aid my recovery?**
Elevation – it is important to elevate your ankle particularly during the first two weeks of recovery. As a general rule you should elevate your ankle above the level of your waist for 45 minutes of every hour during the day and at night.
Stop smoking – smoking is associated with increased complications such as failure of the bone to heal, wound problems and infection.

**Driving** – it is not advisable to drive when wearing a cast or supportive boot. It is important to check with your insurance company before you start driving again. It is not the responsibility of your consultant to make this decision. He will advise you when he feels driving will cause you no harm.

**Plaster and wound care** – It is important to keep your plaster and wound dry. A waterproof bag can be used to allow you to shower.