

ANKLE FRACTURE SURGERY (ORIF)



SURGERY INFORMATION



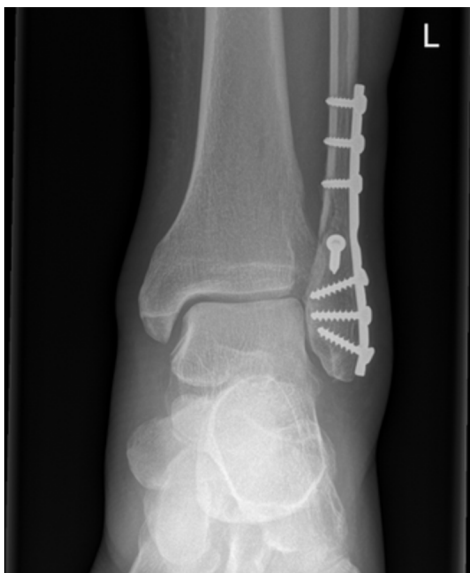
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THE SURGERY

- Surgical options may include:

-**ORIF**: **O**pen **R**eduction (putting the bones in the correct position) and **I**nternal **F**ixation procedure involves realigning the broken bones and securing them in place using metal plates, screws, rods and/or pins

- Xrays are used in theatre to make sure the bones are aligned correctly, and there is a tourniquet placed around the thigh to help with bleeding



Post operative xray of an ORIF of an ankle fracture

THE HOSPITAL STAY

- You will wake up with a **moonboot**
- Your foot will be elevated overnight, and you have **antibiotics through a drip**
- You will need **blood thinning medications** to **thin your blood** and **vitamin C 1g daily**
- You will stay in hospital for **1-2 nights** with antibiotics, blood thinners, regular paracetamol, regular laxatives, regular vitamin C and stronger pain killers to take if and when required
- You will be only allowed to **touch your foot to the ground for 2 weeks for balance**
- Depending on your balance and strength, you may need rehabilitation post operatively

WHEN YOU GO HOME

- You will need **medications** for pain relief; regular paracetamol (2 tablets four times a day) is recommended, as well as strong pain killers, especially at night before bed. These can have side effects of drowsiness, nausea and constipation, and other tablets to help with these side effects may be required.
- You will need blood thinning medication **prevent blood clots** and **vitamin C 1g daily** for 6-12 weeks
- You will need a shower chair and bags to **keep the moonboot dry** for the first 2-3 weeks
- You will need to attend your **post op appointment** in 2-3 weeks where the wounds will be checked
- After this you will be able to shower with a shower chair out of the boot

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REHABILITATION

All patients are different. These timelines are only a guide, and some patients may progress faster or slower than others.

0-3 weeks	<ul style="list-style-type: none"> You will be in a moonboot full time for 2-3 weeks; please treat this like a plaster and do not remove it You will only be allowed to touch your foot to the ground for balance. Please keep your foot elevated and out of bed for toilet only You will need to bag the leg for showers Pain relief: Please take regular paracetamol with meals and before bed; stronger pain killers are often needed, especially before bed Please take antibiotics, blood thinning medications and vitamin C for 6-12 weeks as prescribed
2-3 weeks	<ul style="list-style-type: none"> Post op appointment: dressings are changed and an xray is taken You can then take the foot out of the boot for showers but wear it for bedtime You can start static strengthening, range of motion and balance exercises with physio If you do not have a syndesmosis injury, you can start progressive weightbearing in a boot If you have a syndesmosis injury, please follow post op rehabilitation as per 'Syndesmosis Injury Surgery'
6 weeks	<ul style="list-style-type: none"> You will have and an xray If you do not have a syndesmosis injury, you can fully weightbear in supportive sneakers (you will still have ongoing swelling) You can start swimming and cycling
12 weeks	<ul style="list-style-type: none"> You will have another an xray; You can increase weight bearing and strengthening

6 months	<ul style="list-style-type: none"> You may have another and an xray You will be feeling more 'yourself' and improved pain relief in the foot
12 months	<ul style="list-style-type: none"> You may have another appointment and an xray If the bones are healed, you may be discharged Some patients request removal of the metal as it can be quite prominent; this will be a minor second surgery

WHEN CAN I DRIVE?

- Left foot 3-4 weeks (if driving an automatic car)
- Right foot 6-8 weeks

WHEN CAN I RETURN TO WORK?

- Seated work at 2-3 months
- Prolonged standing 8-12 months
- Heavy labour work 12-18 months

WHAT CAN GO WRONG?

- Anaesthetic problems
- Wound/scar problems
- Nerve injury
- Blood clots
- Infection
- Stiffness
- The fracture does not heal (non union)
- The fracture heals in the wrong position (malunion)
- Ongoing pain/swelling/instability
- Arthritis in the ankle joint
- Chronic regional pain syndrome
- The need for further surgery

CONTACT

If you want more information, or have any questions or problems, please contact Dr Graff on admin@christygraff.com or please call the rooms on **0493 461 133**