

CALCANEAL FRACTURE SURGERY (ORIF)



SURGERY INFORMATION



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THE SURGERY

- The surgery is called an **ORIF** which stands for **Open Reduction** (putting the bones in the correct position) and **Internal Fixation** of the calcaneum
- The surgery involves an incision over the outside of the foot above the heel bone.
- The fracture is put back into the correct position and held in place with a plate and screws
- 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
- The surgery can take 90 to 120 minutes



Post operative xray of an ORIF of an calcaneum

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 thinners to **thin your blood** for and vitamin C 1g daily as prescribed for 12 weeks
- You will stay in hospital for **2-5 days** 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 6 weeks**
- Depending on your balance and strength, you may need rehabilitation post operatively
- Buying a second hand **knee scooter** pre operatively (can search online) and practicing at home before the surgery, can be helpful; please bring it into the hospital with you. It is easier to use a knee scooter than crutches

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 to take blood thinners to **prevent blood clots** and **vitamin C** for 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	- You will be in a moonboot 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 thinners and vitamin C for 12 weeks as prescribed
2-3 weeks	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 will still need to elevate the foot at rest - You can start static strengthening, range of motion and balance exercises with physio
6 weeks	- You will have an appointment and an xray - You can start progressive weightbearing in a boot over 6 weeks
12 weeks	- You will have another appointment an xray; - You can start weight bearing without the boot and increased strengthening - You will still have ongoing swelling so you may not fit into normal shoes, but you can wear normal shoes if you can fit into them (supportive sneakers are best) - You can start swimming and cycling



6 months	- You may have another appointment and an xray - You will be feeling more 'yourself' and improved pain relief in the foot
12 months	- You may have another appointment with Dr Graff and an xray - If the bones are healed, you may be discharged

WHEN CAN I DRIVE?

- Left foot 8 weeks (if driving an automatic car)
- Right foot 12 weeks

WHEN CAN I RETURN TO WORK?

- Seated work at 2-3 months
- Prolonged standing 6-9 months
- Heavy labour work 9-18 months

WHAT CAN GO WRONG?

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