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You are entitled to a copy of any letter we write about you. Please ask if you want one when you come to the hospital.

If you are unhappy with the advice you have been given by your GP, consultant, or another healthcare professional, you may ask for a second (or further) opinion.

The evidence used in the preparation of this leaflet is available on request. Please email: patient.information@salisbury.nhs.uk if you would like a reference list.

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Ankle Fracture

Information for patients having surgery (page 1 of 6)

This leaflet is intended as a guide for you and your relatives during your stay in hospital. We hope this booklet answers your queries, but please ask a member of staff if anything concerns you or is not clear.

What is the problem?

You have been admitted to hospital after breaking (fracturing), your ankle. Ankle fractures may occur as a result of a major accident, sporting injury or after a simple slip or fall.

The ankle is made up of 3 bones (see diagram), and you may have broken any one or more of these.

Bones become thinner and get weaker with age, so for the older person, a relatively simple slip may result in a broken ankle.

Whether you need an operation, and what type of operation you have, will depend on where the break is, and how much the bones have moved.

Why do I need an operation?

Simple ankle fractures do not require surgery. These are placed in a cast, (plaster of Paris or fibreglass) and allowed to heal with time.

However, because the ankle joint is so important, an operation is often needed to allow badly broken bones to heal well, so that after a period of time you can return to normal activities.

What does the operation involve?

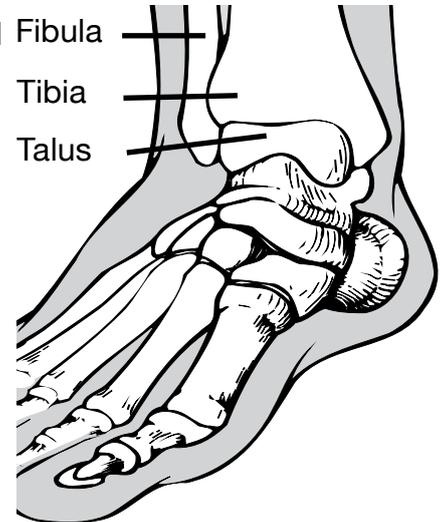
The operation may be a simple one where the surgeon moves the ankle back into a better position - under anaesthetic - but without cutting open the skin.

Sometimes, the surgeon may have to cut the skin and put a metal plate or screws into the ankle to hold the bones securely together.

You should expect to be in hospital for a minimum of about 3 days.

The story so far...

In the emergency department, you will have had an examination and X-rays confirming the break. An orthopaedic doctor (specialising in bone



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injuries) will have seen you.

You will have had pain relief offered – usually in the form of an injection.

You may have also been advised not to eat and drink (to be ‘nil by mouth’), as you may be having surgery within a few hours.

In the emergency department a moulded cast (usually plaster of Paris) will have been put on your leg to support it and make you more comfortable.

This is called a ‘back slab’. The front section of the back slab is an elasticated bandage and is often cut open if the ankle swells. The medical and nursing staff will need to make sure that any swelling does not become too great.

Your leg will be kept raised up on pillows to help control the amount of swelling.

Swelling after any break is normal. However, too much swelling under the skin can affect the blood flow to the foot, and the nerves of the leg, (we call this a ‘compartment syndrome’), so the nurse will check regularly that:

- you can move your toes
- your feet are warm and pink
- there is a pulse in your foot
- you don’t have any pins and needles in your foot
- you have full sensation in your feet.

It is important that you tell the nurse if you don’t have any of the above – or if your leg suddenly becomes increasingly very painful, as we will need to act quickly to prevent any complications from compartment syndrome.

You will soon be admitted to the ward, where you will be welcomed by a nurse and settled onto a bed.

Your pain will be assessed and you will be offered further pain relief if necessary.

The nurse will then complete some basic tests, such as pulse, blood pressure, temperature and a urine examination.

The nurse will also need to take some details from you about your general health, level of fitness and home situation. This is so that planning for your discharge can be started immediately.

Please tell the nursing staff if you have any allergies, and if possible tell them of any medication you take at home. It is helpful if there is someone who can bring your tablets in to hospital as soon as possible.

Who else will I meet before my operation?

You will be seen by a junior doctor who may ask for more X-rays and blood tests.

He or she will be responsible for explaining the operation to you in detail before asking you to sign a consent form. If you have any questions at this stage, it is important that you ask them.

You will meet an anaesthetist, who will examine you and explain your anaesthetic and pain control.

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The anaesthetist will ask about other operations that you have had, as well as any chest problems.

Before the operation

The operation is treated as a relative emergency. The time of it will depend largely on the amount of swelling around your ankle.

If the ankle is too swollen the operation cannot be carried out, as there is a risk that the wounds will not heal properly.

The nurse will continue to monitor your ankle swelling and make checks for compartment syndrome. Ice may be put on your leg at this time to reduce swelling and help you feel a little more comfortable.

Blistering of the skin can sometimes occur around the ankle after a serious break with a lot of swelling. The doctor needs to be aware of this, although it is not uncommon and should not affect the outcome of your surgery. It may delay your surgery, but not for very long.

Any delay, for any reason, will be explained to you by the doctor or nurse. Your family or next of kin will also be informed if you wish.

Your care before the operation

To reduce the risk of being sick during your anaesthetic, you will not be allowed to eat anything for 6 hours before your operation. However you will be allowed to drink clear fluids (water, squash etc.) up to 2 hours beforehand. The nurses will let you know when you should stop eating and drinking.

We will provide you with a loose-fitting cotton theatre gown to wear to theatre. Cotton briefs may be worn if you wish.

You may also be measured and fitted with an elastic compression stocking to wear on your 'good' leg. These reduce the risk of developing a blood clot in your legs following surgery. The nurses will give you an information sheet to explain the importance of this.

The nurse will ask you to remove all jewellery, (except wedding rings, which we cover with tape).

We strongly suggest your valuables be sent home with your family or friends for safekeeping. If this is not possible, we will offer to put your valuables in the ward safe, and you will be given a receipt. If you do not wish to part with your valuables, you will be asked to sign an indemnity form.

You will also be asked to remove any make up, contact lenses and false teeth.

Transfer to theatre

A porter will arrive to take you to theatre on your bed. A theatre nurse will welcome you there and check your details again.

You will be taken to the anaesthetic room, where a small needle will be placed in the back of your hand and you will be given drugs to send you off to sleep.

The operation

The operation involves the surgeon making one or two small incisions (cuts), over the fractured (broken), bones and lining the bones up. These cuts will be between 5 – 10cms in length.

Depending on the type and number of breaks you have, you may have a cut over both sides or just one side of your ankle joint.

Using an X-ray image taken during the operation, the surgeon will guide screws into place to hold the broken bone ends together.

Larger breaks may need a small metal plate to be put along the bones to hold them securely.

Your wounds will have stitches or metal clips to keep the edges together until they heal.

A light dressing will cover these, and a fresh plaster of Paris back slab will be applied while you are asleep to keep the ankle supported.

You may have a tube (drip), into your hand or arm to replace any lost fluid with a salt solution.

You might need to have an oxygen mask on for some time after your operation to help you come round from the anaesthetic.

What happens next?

Your pain will be assessed regularly and drugs given to keep you comfortable.

After a short time in the recovery room, a nurse from your ward will come to collect you and escort you back to the ward.

You will continue to have your pain, blood pressure, pulse, breathing and temperature monitored regularly for some hours after the operation.

You may be prescribed a small daily injection of a drug called Deltaparin. This thins your blood slightly and further reduces the risk of blood clots (thrombosis) in your legs and chest.

If you have had metal work put into your ankle, you will be given 3 doses of antibiotics intravenously (into your vein), at 6 – 8 hour intervals. This will not hurt, as we will give them into the same needle as the drip in your arm. These antibiotics reduce the risk of infection in your ankle.

You may have some water to drink soon after returning to the ward. Tea and a light diet will be offered once you are a little less sleepy and any nausea (sick feeling) has subsided.

If you have not needed to pass water within 6-12 hours after your operation you will be offered a bottle or a bedpan. If you are unable to pass urine after this time a catheter may be inserted into your bladder to assist you.

It may take a day or two before your bowels open. This is not unusual. A nurse will offer mild aperients (laxatives) to help your bowel actions after this period, if necessary.

Please inform the nurses if you are feeling uncomfortable.

The day after surgery

You should be able to eat and drink as usual. If you are drinking plenty of water your drip will be removed.

The nurse will continue to observe the amount of swelling in your ankle and ensure your leg is kept up on pillows.

Your doctors may look at your wound after 24 – 48 hours and if necessary the dressing will be changed.

Physiotherapists (Physio)

The ward physio will help you to get out of bed for the first time 24 hours after your operation, if you are recovering well.

You will be given a walking frame (Zimmer), to help you with walking for the first few days. Most patients will be instructed not to put any weight through the affected leg at this stage.

This is called non-weight bearing. Most patients will have to continue in this way for at least 6 weeks after surgery, until the bones become stronger and begin to heal.

The physio will see you regularly to monitor your progress and teach you the best way to get on and off the bed and walk safely.

After a couple of days, depending on your progress, the physio will exchange your frame for crutches and encourage you to take longer walks.

If necessary, nearer your discharge day, he/she will also teach you how to manage to walk up and down stairs.

Occupational Therapists (OT)

The OT may visit you around the second or third day after your operation.

They are responsible for enabling your safe transition between hospital and home, and will ask you or your family for details about your house and who helps you at home.

For example they may need to know whether you have steps or stairs or whether you have anyone to help you with household chores or shopping?

Depending on your needs, they will be able to give advice, practical help and useful equipment.

If they feel that you need extra help at home they will discuss this with you and may ask permission to refer you to a social worker or the Intensive Home Care Support team, (IHCS) so that someone can help you with personal care, shopping or meals.

General recovery

Two or three days after surgery you may have a full plaster cast put on your ankle, although sometimes the surgeon prefers you to go home in your original back slab.

At this time a further X-ray may be taken so that the doctors can re-check the position of your ankle.

You can then make arrangements to go home once the physiotherapist is happy that you are safe on crutches.

You will be sent home with a supply of painkillers and an outpatient's appointment to return for a check up, usually in 1 or 2 weeks time.

We advise you to take care of your cast, and you will be given an instruction leaflet about this.

To reduce the swelling under the plaster, we also advise you to keep your leg raised on a chair or pillows whilst you are sitting during the day.

When you return to the clinic, your plaster will be removed so that a nurse can remove your stitches or clips. Another cast will be put on, which you can expect to be in for about 6 – 8 weeks.

This surgery is relatively minor, but some of our more elderly patients are unable to go home within the expected 5 - 7 days for many varied reasons.

These patients may be referred to our elderly care ward for a little extra physiotherapy and rehabilitation.

If you have any questions or do not understand any aspect of your care, or any information contained in this leaflet please ask to speak to a nurse.