

Ankle Fracture (Broken Ankle)

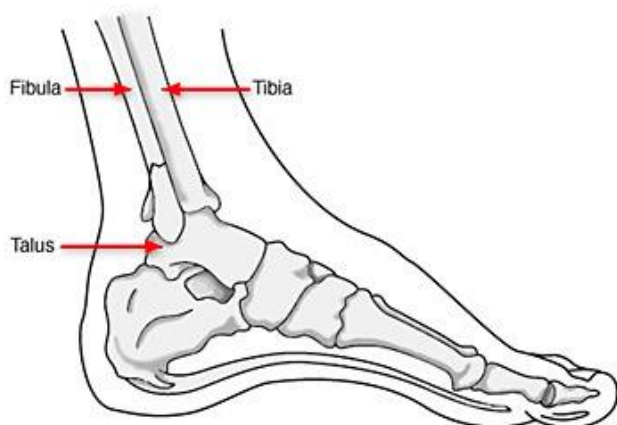
Aintree University Hospital **NHS**

NHS Foundation Trust

Trauma and Orthopaedics
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Liverpool L9 7AL
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Who is this leaflet for?

This leaflet will provide you with information regarding what to expect following an ankle fracture (A "fracture" and "break" are the same in orthopaedics). It will describe some of the possible signs and symptoms and treatments you will be given.



What is it?

Fractures of the ankle are very common injuries. The usual cause of this injury is a fall, twist or direct impact onto the ankle.

The ankle is a joint involving a bone in the foot called the talus and two bones in the lower legs called the tibia and fibula (Shown above).

An ankle fracture occurs if any of these bones are fractured. There may well be ligament damage as well.

Most fractures of the ankle take around 5-8 weeks to heal but it can be months to regain the strength and movements back.

What are the symptoms?

The most common symptoms experienced are pain, swelling and inability to put weight

through the affected limb. There may well be a great deal of bruising and it may also look

deformed (out of shape). If nerves are involved, you may get some pins and needles or numbness in the rest of the foot. Please tell us about this in fracture clinic.

How is the diagnosis made?

The diagnosis of an ankle fracture is usually made following trauma and after having an X-ray of the injured limb.

Who gets ankle fractures?

Ankle fractures occur in people of all ages who undergo trauma. There are certain people who may be more at risk of fractures which include those with osteoporosis, bone deformities and other bone disorders.

Could it have been prevented?

It is very unlikely that an ankle fracture could have been prevented once the injury has occurred. However, if you are at risk of falls or have bone disorders we will need to investigate you further to lower the risk of further fractures in the future.

Treatment

If the ankle was out of place (displaced) when you were in A&E then you may have had a manipulation to put it into a better position.

If this wasn't done then usually your fracture was already in a good position (undisplaced). You should then have then been placed into a plaster cast. We will assess this cast and your ankle at your appointment in fracture clinic.

There are several treatment options available at this point dependant on the injury.

The fracture may require monitoring as the fracture may move as the swelling comes down. We will also keep a close eye on the fit of any cast put on.

We may change the cast to a more fitting full cast once the swelling has come down. Once we are happy the fracture is healing and not moving out of place we will set a date for cast removal (Usually 6 weeks from the time it was put on).

You may also require a boot once the cast is removed, but this will be discussed with you in clinic.

In some cases the fracture is unstable or moves out of place and we will offer you surgery to realign the bones. This will be discussed with you in more detail by the doctor in clinic and a date for surgery made.

Does treatment help?

Whichever treatment you are offered in the fracture clinic it will always aim to improve your quality of life, functioning and reduce pain. Below are some things you should do to improve your treatment.

Whilst the cast or boot is on

It is essential in the early stages to elevate the limb to help with the swelling. It is also extremely important that you keep the affected side moving, not just the toes, but also the knee and hip.

As these will become stiff if not used and can give problems in the long term. You will be given crutches to mobilise. You should not drive whilst in cast.

You may be at an increased risk of developing blood clots in either leg and may require a course of blood thinning agents whilst in a cast. Please discuss this with the doctor in A&E or fracture clinic.

If you smoke, you should try to stop as this has shown to slow and prevent bone

healing as well as increase your risk further of developing blood clots.

If the cast is causing you problems we would want you to attend fracture clinic (Monday-Thursday 0900-1700 and Friday 0900-1300). Outside these hours we would want you to attend A&E.

When the cast is removed

It is normal for your ankle to feel achy and swollen. Often the skin is quite dry as well. Soaking your foot and ankle in warm water will help as well as massaging it with oils or hand cream.

Treat swelling with elevation and try to get the ankle to move as normally as possible, Continue exercising the foot, knee and hip. Remember, it will take time to regain muscle strength in the leg and ankle.

Medication treatment

You may require painkillers to keep mobile. Please discuss these with us in clinic. If you are not coping with the pain after several weeks despite oral medications your GP may refer you to specialist pain services to discuss other options.

Exercises

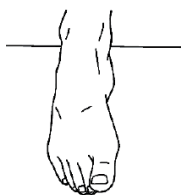
The purpose of these exercises is to provide you with the correct advice on how to return your ankle to normal once the cast has been removed. The exercises should be performed often and progressed at your own tolerance.

You will be given further guidance once your consultant is happy for you to put weight through the foot.

1. Lying on your back or sitting bend and straighten your ankles. Hold for 10 seconds in each position keeping your knees straight.



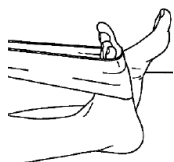
2. Sitting or lying, move your ankle around slowly in a large circle. Repeat in the opposite direction.



3. Sitting in a chair, raise your heel and then your toes alternatively.



4. Sit with one leg straight out in front of you. Put a towel around your foot and pull the towel so you can feel the stretch in your calf.



Does this mean I have Osteoporosis?

Osteoporosis means bones of low density (weak). Many people get this especially as they get older without realising until a bone breaks with a little trauma. Your fracture will heal just as quickly whether you have osteoporosis or not.

If you have the kind of bones where a fracture happens with little trauma, you should see if there is anything you can improve to make your bones stronger.

If you are seen in falls clinic after your injury then this will be dealt with there, but if you not your GP will be able to discuss this further with you once the fracture has healed.

Who do I contact if I have questions or concerns?

Your GP will be happy to give you advice for this very common complaint, if you need more discussion than you have had in the out-patient clinic.

If you feel your query needs a more specialist answer then please call fracture clinic on the following number **0151 529 2516**



If you require a special edition of this leaflet

This leaflet is available in large print, Braille, on audio tape or disk and in other languages on request. Please:

0151 529 8564
listening@aintree.nhs.uk

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