

Major Trauma Discharge advice for adult patients who have sustained a tibial plateau fracture (non-surgical management)

Major Trauma Centre

Aintree Site

Lower Lane, L9 7AL Tel: 0151-525-5980

Royal Site

Prescot Street, L7 8XP

Broadgreen Site

Thomas Drive, L14 3LB

Royal & Broadgreen Tel: 0151-706-2000

This leaflet is designed for patients over the age of 16, who have sustained a tibial plateau fracture.

Where is my tibial plateau?

The tibial plateau is the upper surface of the tibia or shin bone.



A fracture is commonly known as a break.

How is it injured?

This type of injury is commonly seen from road traffic collisions, where the knee bangs into the dash board, or if pedestrians are hit by the car bonnet, and sometimes in contact sports.

Fractures of the tibial plateau are considered quite serious as this upper surface of the bone contains structures which are critical to the knees functioning. Hence, fractures of the tibial plateau are often associated with injuries to the anterior cruciate ligament, collateral ligaments (MCL or LCL), menisci and articular cartilage.

Signs and Symptoms:

There is normally a recent history of trauma to the knee area followed by swelling and pain in the joint.

The patient may complain of stiffness of the knee and be unable to weight bear on the injured leg.

Diagnosis

Tibial plateau fractures are firstly suspected during examination of the affected limb.

An x-ray is then normally taken to show the fracture.

In some cases, where its felt a more detailed view of the fracture is need a CT scan will be performed which will give your treating team a 3D view of your fracture.

If the fracture is thought to have been associated with a ligament injury, then a MRI may be performed.

Treatment

Closed Fractures that are classed as non-displaced or minimally displaced will be managed non operatively (no operation).

Patients will be managed in a functional brace and will be reviewed at fracture clinic regarding on going management.

There is occasions when a non-displaced or minimally displaced fracture may become displaced or displace further. If this happens then your surgeon may speak to your regarding an operation during your outpatient visit.

Brace Care

Nursing and therapy staff will go through how to look after your brace at home prior to your discharge.

Therapy

You will receive exercise and weight bearing instructions from the therapy team before discharge or as an outpatient. Please ensure you follow these instructions as they have been designed to ensure you recover and rehabilitate after your injury.

Due to the nature of the injury, other injuries you may have sustained could limit your weight bearing and rehabilitation.

Pain control

Painkillers will be prescribed for you for about 7 – 14 days. They may well cause constipation, so it's important to get plenty of fibre in your diet while you are recovering. Fresh fruit and vegetables will help to keep your bowels moving regularly.

VTE (venous thrombo-embolism)

VTE is a collective term for 2 conditions:

- DVT (deep vein thrombosis) – this is a blood clot most commonly found in a deep vein that blocks the flow of blood.
- PE (Pulmonary embolism) – a potentially fatal complication where a blood clot breaks free and travels to the lungs.

Whilst you are less mobile, the risk of VTE is higher.

VTE is a major health risk in the UK. Your consultant will discuss with you if intervention with anticoagulation (blood thinners) is required.

Things that you can do to prevent VTE:

- Mobilise as instructed by the consultant and therapy teams.
- Keep well hydrated – drink plenty of water.
- We strongly advise you not to smoke. This is a great opportunity to stop smoking. The ward staff or your GP can help you to access smoking cessation services
- If you have been recommended anticoagulation therapy, please comply fully with the treatment

Driving

If you drive, please liaise with your consultant team and DVLA to discuss when it is safe for

you to resume. If you drive against medical advice, your insurance may be void.

It is important that you do not miss any of your follow up appointments

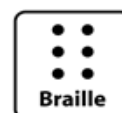
Your surgeon will inform you prior to discharge if you will require a follow up in our Major Trauma or Fracture clinic to ensure that your injury is healing and for us to also monitor how you as a whole are recovering from your injury.

Sometimes if a patient is out of the area it may be that you are referred back to your local hospital for further follow up.

Who do I contact if I have questions or concerns?

- ✓ Major Trauma Nurse Co-ordinator: 0151 529 2551 (please leave your name, date of birth, brief issue and contact number)
- ✓ Nursing staff on Major Trauma Ward: Telephone number: 0151 529 6255
- ✓ Fracture Clinic: Monday to Friday 9-5pm Telephone number 0151 529 2554
- ✓ If you think that your condition is serious then it is best to come straight to Aintree Accident & Emergency department*.
- ✓ Seek advice from your GP.

*When you come to the hospital please bring this and any other relevant discharge documents that you may have been given at the time of discharge to help the A&E doctors to decide your management.



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 contact:

Tel No: 0151 529 2906

Email: interpretationandtranslation@liverpoolft.nhs.uk