

Metatarsal fractures (Foot fractures)

Aintree University Hospital **NHS**

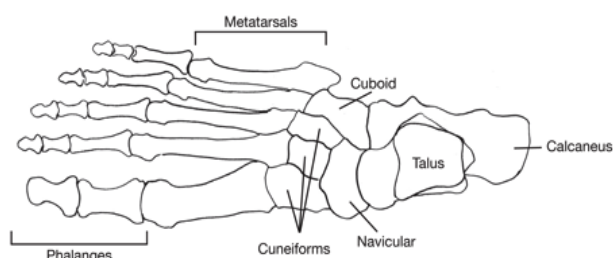
NHS Foundation Trust

Trauma and Orthopaedics
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Who is this leaflet for?

This leaflet will provide you with information regarding what to expect following a foot fracture. A "fracture" and "break" are the same in orthopaedics.

It will describe some of the possible signs and symptoms and treatment you will be given.



What is it?

Fractures of the foot are common injuries. You have 5 metatarsal bones in each foot which connect the toes (phalanges) to the rest of the foot. There are 7 tarsal bones that make up the rest of the foot (Shown above).

If any of these bones are fractured you will have foot fracture. The usual cause of this injury is a fall, twist or direct impact onto the affected bone and joint. You can also overuse the metatarsals leading to stress fractures.

Most fractures of these bones 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/or stiffness mostly over the injured area.

There may well be a great deal of bruising and it may also look deformed (out of shape). It is likely you will have difficulty walking on the affected limb.

Please tell us about your symptoms in fracture clinic.

How is the diagnosis made?

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

Who gets foot fractures?

These fractures can 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 a 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 foot was deformed or dislocated in A&E then you may have had a manipulation to put it into a better position.

You should have then been placed into some sort of device (Plaster cast, splint or shoe) to hold this position.

We will reassess this at your appointment in fracture clinic. There are several treatment options available at this point.

If we are concerned about other injuries that might not be visible on X-ray we may arrange a CT scan of the foot.

The fracture or dislocation may require weekly monitoring for displacement as the bones may move as the swelling comes down. We will also keep a close eye on the fit of any casts put on.

We may change the cast to a more fitting full cast once the swelling has come down. If we are happy the fracture/dislocation is healing and not moving out of place we will set a date for the removal of the cast, splint or shoe.

In some cases the fracture is unstable and moves out of place and we offer you surgery to realign the bones or hold them in position.

This will be discussed with you in more detail with 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 a cast or splint 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 your affected limb moving, not just the foot, but also the knee and hip.

As these will become stiff if not used and can give problems in the long term. You should not drive. You may require crutches to mobilise.

You may be at an increased risk of developing blood clots and may require a course of blood thinning agents whilst in a

cast. Please discuss this with your doctor in clinic.

You should refrain from smoking as this has shown to slow and prevent bone healing as well as increase your risk further of developing blood clots.

When the cast or splint is removed

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

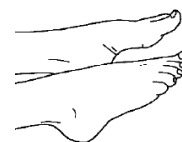
Treat swelling with elevation and try to get the whole foot moving as normally as possible. Continue exercising the knee and hip. It will take time to regain muscle strength.

Exercises

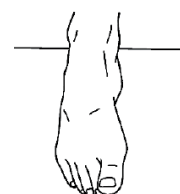
The purpose of these exercises is to provide you with the correct advice on how to return your ankle to normal once the cast has been removed.

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.

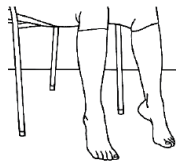
1. Lying on your back or sitting bend and straighten your ankles. Hold for 10 seconds in each position keeping your knees straight.



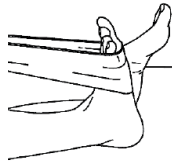
2. Sitting or lying, move your ankle around slowly in a large circle. Repeat in the opposite direction.



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.



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.

Does this mean I have weak bones or osteoporosis?

Osteoporosis means bones of low density (weak). Many people get this especially as they get older without realising until a bone breaks with 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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