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# DR BOB JANG

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Orthopaedic Surgeon

Patient Name \_\_\_\_\_

Follow-Up Appointment: \_\_\_\_\_

## ANKLE FRACTURE FIXATION PROTOCOL

Ankle fractures are a very common injury and can occur across all age ranges from children to the elderly.

The mechanism is generally a twisting motion to the ankle. The ankle is made up of multiple bone to create this complex joint (talus, tibia, fibula). There are also many ligaments holding the joint together which may be involved in an ankle fracture.

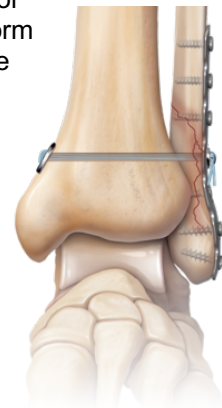
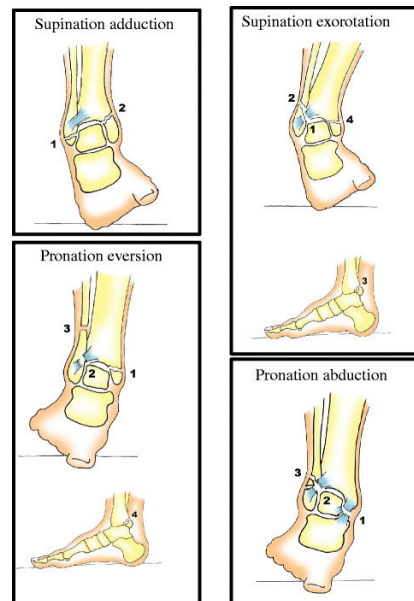
These injuries are diagnosed with a clinical examination and xrays. Occasionally if you've broken multiple bones into many small pieces, your clinician will organise 3D imaging generally in the form of a CT scan of your ankle.

Some ankle fractures can be treated non operatively in a boot or below knee plaster for 6 weeks. If your ankle joint is subluxed (out of joint) or dislocated (completely out of joint) this will warrant an operation to relocate your ankle joint and may also require plate and screw fixation. We occasional keep you admitted in hospital for elevation to await swelling to reduce so your skin isn't tight when trying to perform a wound closure after fixing your broken ankle. Rushing in to fix a swollen ankle can result in wound complications, infection, and fracture healing delays.

If your ankle fracture requires surgery, the operation will be completely dependent on the fracture configuration. We may need to make multiple incisions around the ankle and insert at least one to two metal plates with screws. Occasionally the ligaments holding the tibia and fibula are disrupted (syndesmosis injury) and warrant stabilization with either screws or non-absorbable suture material with buttons called a 'tightrope' or 'synch fix' (see diagram above).

You may require a second operation in the distant future to remove all the metal plates and screws if you have any hardware irritation. If you have screws inserted across your tibia and fibula (diastasis screws) instead of a tightrope, you may need to have those screws removed.

Dr Jang and his team will discuss with you on first presentation about these options and inform you what fixation method you'll be receiving if you require operative fixation.



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## Surgery

This operation will generally be under a general anaesthetic. You may receive a spinal or regional block depending on the discussion you have with the anaesthetist. The operation will take 60 to 90 minutes depending on the nature of your fracture. You will wake up with a below knee backslab plaster which will remain on for 2 weeks. You will be required to keep the weight off your ankle for 6 weeks in total. Depending on your mobility on a frame or crutches you will stay in hospital at least overnight. Some patients with mobility difficulties may require an admission at a rehabilitation hospital prior to going home.

### Can I shower after an ankle fixation?

Yes. You will need to organize a shower chair to sit on for showers as well as placing your plaster into a plastic bag to keep the plaster dry.

### Can I drive?

No. The plaster will be too bulky in the footwell of your car and will put you at risk for the duration you're in plaster.

### I struggle to use crutches or a frame. Is there an alternative?

Yes. You can purchase or hire a knee scooter/walker from the internet. This include Amazon.com.au, southwestmobility.com.au.



## POST OPERATION ANKLE FRACTURE PROTOCOL

### Weeks 0-2

Keep your leg/plaster elevated above the heart to help with swelling. Ideally this can be facilitated by propping your ankle onto 2-3 pillows on the sofa or in bed. You may wiggle your toes and range your knee in this period to keep the blood flowing. You will need to be on a prophylactic blood thinning medication to prevent blood clots (DVT) in your calf. This may be Clexane injections, Aspirin or Xarelto (Rivaroxaban) tablets for the whole 6 week duration. Strictly non weight bearing.

### Week 2

Follow up at clinic for a wound check, removal of plaster/sutures and change into a below knee fiberglass cast or camboot (depending on your fixation and bone quality, Dr Jang may want you to remain in a lightweight plaster for the whole 6 weeks whilst you're not weight bearing).

### Weeks 2-6

Continue to non weight bearing. You may be instructed to touch weight bear in this period depending on your fracture configuration and fixation. Touch weight bearing is allowing your foot to touch the ground but to minimize force going through it. Imagine a raw egg below the cast on the ground and trying to not crack the egg shell. You may be in a fiberglass cast or transitioned into a boot during this period. Please enquire with Dr Jang or his registrars at your 2 week visit.

### Week 6

Follow up at clinic/Dr Jang for removal of cast. Xray check to confirm adequate healing of your fracture and commence partial to full weight bearing.

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## **Weeks 6 to 12**

In you've had stabilization of your syndesmosis with tightropes or screws you will be partial weight bearing in a boot until week 12. Dr Jang will advise how much weight you may put through your ankle. Start full ankle range of motion exercises and gradual strengthening. Stop your blood thinning medication unless otherwise indicated. You may start driving in this period with your boot removed. Progress closed chain exercises: lunges, heel raises, exercise bike, swimming  
Dynamic balance progression  
Advanced proprioception exercises  
Treadmill walking

## **Week 12**

Follow up with Dr Jang for final follow up provided the fracture has adequately healed.

## **Weeks 12-16**

Return to jogging program, running and higher impact activities (please enquire with Dr Jang prior to commencing this level of activity as your individual injury may prohibit you from returning to this level). Progress previous strengthening, stretching and proprioception exercises. Consider removal of metal in future if any irritation.

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