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Post-Operative Guidelines and Frequently Asked Questions for Ankle Fracture, Arthroscopy, and Ligament Reconstruction/Repair

This document will help you plan for your post-operative recovery course following surgery. Please read and retain this information for future reference. Many of the questions you may have later can be answered by referring to this information.

Weeks 0-1: Short Leg Posterior Splint

Weeks 2-6: CAM Walker Boot

Weeks 6+: Transition to Lace Up Ankle Brace and Normal Shoe

Crutches: Weeks 1-6. Crutches should be used at all times during the first four to six weeks after surgery. It is ok to rest your foot on the ground when standing, but you should avoid putting any body weight on the operative leg until cleared to do so (usually around week 4). After the first post-operative appointment with Dr. Kent and four weeks following surgery, you may slowly begin putting some weight on your leg. Begin with 50% of your weight for the first few days. If this is not painful and does not make you sore the next day, gradually increase day by day until you can put all your weight down. Once walking safely with all your weight on your leg, you may then stop using crutches. This typically occurs around six weeks after surgery.

Elevate your leg: Keep your leg elevated to decrease swelling, which will then in turn decrease your pain.  I would elevate the foot of your bed by putting a couple of pillows between your mattress and box spring or place a stack of blankets/pillows under your leg to keep it elevated and supported above the level of your heart. You may sleep on your side with a pillow between your legs if you wish. The swelling will make it more difficult to bend your knee.  As the swelling goes down your motion will become easier.

Cold Therapy: You may use ice on your surgery site to help control pain, swelling, and bruising. Do not place the ice directly on your skin. Some patients find it helpful to place an ice pack behind the knee if they can’t feel the ice through their splint. Ice the affected area for 20 - 30 minutes at a time, then take a 30 minute break. Frequent cold therapy is encouraged as often as possible during the first few post-operative weeks to reduce pain and swelling.

Wound Care: Keep the site clean and dry as it heals\*.  DO NOT remove the splint and KEEP IT DRY. You may shower 24 hours after surgery. Please cover the splint completely with a cast bag or trash bag to avoid wetting the bandage and incisions. You may also place your leg in a garbage bag (taping the opening around your upper thigh to prevent water from entering) or purchase a “cast bag” at your local pharmacy. Continue showering with the splint on during the first two weeks (until after first post-op appointment). After your first post operative appoint with Dr. Kent, and if the incisions are healing well, you may shower. Avoid soaking the incisions for another two weeks (i.e. no baths or swimming). Do not apply any gels or ointments to the surgical site.

\*It is normal to have small amounts of bloody drainage on the dressing especially the first 24-36hrs. You may develop swelling and bruising that extends from your ankle up to your calf and even to your foot and toes over the next week.  Do not be alarmed. This too is normal, and it is due to gravity. Notify the office if you have any of the following: steadily increasing drainage on the dressing, pus-like or foul smelling drainage from any of the incisions, elevated temperature above 101° Fahrenheit, breathing difficulties, pain in your calf when you flex your foot up and down that is unrelieved by rest or elevation, or swelling in your calf, foot or ankle.

Note: If you smoke, it is imperative that you DO NOT for 2 weeks prior to surgery and 4 weeks after surgery. Nicotine inhibits bone and wound healing causing your fracture to take longer to heal. It also decreases blood flow to the surgical site increasing your risk of infection. This holds true for any form of nicotine (vaping, patches, gum, etc).

Pain Medication: Prescriptions will be electronically sent to your pharmacy a few days prior to your surgery. Please pick up all prescriptions BEFORE your surgery day if possible. You will receive two medications: one narcotic pain medicine (oxycodone or hydrocodone), and Ondansetron for nausea. You may also take Tylenol, and an anti-inflammatory medicine such as Ibuprofen or Aleve. Please note that narcotics will make you constipated, so a stool softener or laxative may be needed. Start taking your pain medication as soon as you start to feel pain or when you feel the nerve block or local anesthetic wearing off. After that you will use the pain medication ONLY as needed. It is normal for pain to be worse at night. You should avoid taking pain medications on an empty stomach, as it will make you nauseous. Use the Tylenol and anti-inflammatory daily, as directed, to reduce the swelling and pain after surgery. Take all medication as directed. Please call the office ASAP for a refill when your supply is low.

PLEASE DO NOT DRIVE WHILE TAKING THE PRESCRIPTION PAIN MEDICATION!

Pain medication may make you constipated.  Below are a few solutions to try in this order:  Also, if you are prone to constipation try these below.

A. Decrease the amount of pain medication if you aren't having pain.

B. Drink lots of fluids such as water.

C. Drink prune juice and/or eat dried prunes

D. Take Colace – an over-the-counter stool softener

E. Take Senokot – an over-the-counter laxative

If those don't work then:

F. Take Miralax – another over-the-counter stronger laxative.  Dosage as directed 2 x day

If they don't work call the office or if you have any questions on this please call us.

Follow-up Appointments: 14 days, 6 weeks, 3 months, and at 5-6 months.

Physical Therapy\*\*: You will receive a physical therapy prescription at your office visit after surgery. You should begin PT 2 weeks after surgery (after first post-op visit). Consider taking pain medication 30-45 mins prior to physical therapy so that your pain is well-controlled and you can maximize the visit. PT is typically necessary 1-2 times weekly for 5-6 months post-operatively.

\*\*These guidelines may be adjusted by Dr. Kent as you progress. Typical clearance for full activity occurs around five to six months after surgery.

Driving: If you had surgery on your left foot, you may drive when pain is controlled and you are no longer taking narcotic pain medications (usually around 1-2 weeks). If you had surgery on your right foot, you cannot drive until you are able begin bearing weight in the boot (usually around four weeks). Dr. Kent does not recommend that you drive while wearing the boot.

Frequently Asked Questions: Ankle Fracture Surgery

1. What is the talus? The medial and lateral malleoli? The ankle ligaments?

The talus is the ankle bone which acts as the hinge which allows ankle movement. It is held in place by bones on either side of it. The medial (inside) bone is an extension of the tibia called the medial malleolus. The lateral (outside) bone is an extension of the fibula called the lateral malleolus. The malleoli are the large bumps on either side of the ankle. The inner surfaces of these bones are covered in cartilage which allows for smooth, gliding motion. All of these bones are held in place by strong ligaments. When an accident occurs and any of these structures are broken or disrupted, the normal mechanics of the ankle are changed.

2. Will fractures heal on their own?

If left untreated, most bones will heal on their own. However, if bones heal in a non-anatomic position, there is a very high risk of dysfunction, chronic pain, and arthritis. For that reason, most ankle fractures require surgery to reposition the broken bone and hold it in place while it heals (i.e. with metal plates and screws). Some fractures do not require surgery and can be treated in a cast or boot. In either case, it is important to follow instructions to ensure adequate healing.

3. Will ligament tears heal themselves over time?

Fortunately, most partial ligament tears (i.e. sprains) will heal themselves with proper treatment. However, in the case of chronic injuries, over stretched ligaments, or large and complete ligament tears, surgery is often required. The goal of surgery is to reconstruct and tighten your natural ligaments so that they will perform their proper function. In some cases, an augmentation of the ligament is needed.

4. Will cartilage injuries heal themselves over time?

Cartilage is a relatively avascular tissue, and as such, has a very limited ability to heal itself. Most chondral (cartilage) injuries will not heal and require surgery. The goal of surgery is either to stimulate healing of the native cartilage (i.e. microfracture), or to perform a type of cartilage transplant (i.e. BioCart, AutoCart, MACI, etc). Bone grafting or platelet-rich plasma (PRP) application is occasionally needed to help the transplanted tissue heal.

5. What is done to my ankle during an arthroscopic surgery? An open surgery?

Arthroscopic surgery: After general anesthesia has been induced, your leg is placed into gentle traction to open up the ankle joint. A tourniquet is placed around your upper thigh to prevent bleeding. A small incision is made in the front of the ankle and a camera is inserted into the joint. A second incision is then made under visualization to help protect the nerves and tendons of the foot. Occasionally, a third incision is made in the back of the ankle. Saline is used to help inflate the joint (which is why there is swelling and leaking of fluid after surgery). Small instruments are then used to remove scar tissue or loose bodies, shave bone spurs, perform cartilage restoration, etc. When the surgery has been completed, small stitches are placed in the skin and the ankle is placed into a hard splint. This usually requires about 60-90 minutes of actual surgical time, plus the required time for anesthesia, sterilization, positioning, etc.

Open Surgery: After general anesthesia has been induced, a tourniquet is placed around your upper thigh to prevent bleeding. As small an incision as possible is made over the necessary area. Nerves, arteries, and tendons are protected. During fracture surgery, the broken bones are aligned and then held in place with metal plates and/or screws. Xrays are used to ensure proper alignment. During ligament surgery, the ligaments are stitched back together. Sometimes small anchors with attached sutures are inserted into the bone. This allows the ligament to lay down against the bone after it has been stitched. This usually requires about 45-90 minutes of actual surgical time, plus the required time for anesthesia, sterilization, positioning, etc.

6. What type of anesthesia is administered?

Typically, local anesthetic or a regional anesthetic (i.e. nerve block) is administered that numbs the operative site or limb respectively. Regional blocks are done using ultrasound visualization for precision. These regional blocks are supplemented with sedation to make you comfortable during the procedure. The surgery is then performed under general anesthesia. You and your anesthesiologist will discuss these issues in detail immediately prior to your surgery.

7. How long do I use crutches after surgery? How long do I wear the compression stockings?

Crutches should be used at all times during the first four to six weeks after surgery. See above for more details. Compression stockings should be used until you begin to resume your regular activities and are more upright and active, typically about a week or so.

8. How long is the recovery?

The typical recovery for ankle surgery is around 4-6 months.

Physical therapy begins around six weeks after surgery. Initially, we will limit your activities to allow for healing. A rough timeline has you walking without crutches in the boot at four weeks, discontinuing the boot at six weeks, starting strengthening exercises around 6-8 weeks, jogging around 12-16 weeks, and back to full activity around 16-24 weeks.

9. What are the risks of ankle surgery?

While uncommon, infections and non-healing incisions do occur and are typically associated with poor wound healing. Please do not use ointments or other compounds on these wounds until instructed to do so by the staff.  Nicotine interferes with wound healing, so discontinuing smoking or vaping for two weeks prior and three months following surgery is recommended.

Blood clots (DVT, deep vein thrombosis) occur rarely following all types of surgery. Your best bet in decreasing likelihood of a clot is to GET UP and MOVING following surgery. Moving your good side, ambulating, ranging your knee, etc. all contribute to keeping the blood in your legs circulating. This in turn helps to prevent clotting. If you feel pain in your calf area or note swelling there – immediately notify the office staff. A quick and painless test (ultrasound) can be arranged to see if you have a DVT. Again, these issues are rare, but if you do experience a clot, you will need to take a blood thinner until the clot disappears.

There are many nerves around the ankle. Though very uncommon, temporary nerve dysfunction (muscle weakness, tingling, numbness) can occur following these procedures. These injuries are typically transient.

Other risks incident to this surgery include cartilage injuries, failure of the bone, ligament, or cartilage to heal, stiffness in the ankle or foot, incomplete removal of bone spurs, and ongoing pain.

10. Is there anything else that I need to do following surgery?

Patients should plan to return to the office at 14 days, 6 weeks, 12 weeks, and 4-6 months following surgery. These are quick visits designed to go over your progress and address issues germane to your recovery. The first postoperative appointment should be made when a date for surgery is confirmed.

Please note that Dr. Kent expects that you will have full range of motion following these procedures. Working diligently with your therapist will help ensure that you derive maximum clinical benefit from your ankle procedure.