Tarsal Navicular Fractures

A *fracture* is a break in the bone. The *tarsal navicular* is a moderate sized bone of the midfoot on the inner side of the foot This bone can be fractured in several ways and there are many different ways of treating these fractures. Some of the ways of treating these are as follows:

Tarsal Navicular Bone

TREATMENT

- Immobilization, which means the fracture is casted as it is without changing the positions of the fracture (bone pieces) involved. This procedure is used when the bone *fragments* remain in their normal position (are not displaced).
- *ORIF* (open reduction and internal fixation), in which the fracture site is opened and the bone pieces are fixed into place with some type of hardware (for example, screws, etc.). This type of repair is usually used when the body of the navicular is fractured. It is indicated in most fractures that are displaced.

Your caregiver will discuss the type of fracture you have and the treatment that will be best for that problem. If surgery is the treatment of choice, the following is information for you to know and also let your caregiver know about prior to surgery.

LET YOUR CAREGIVERS KNOW ABOUT THE FOLLOWING:

- Allergies
- Medicine taken including herbs, eye drops, over the counter medications, and creams
- Use of steroids (by mouth or creams)
- Previous problems with anesthetics or novocaine
- Family history of anesthetic problems.
- Possibility of pregnancy, if this applies
- History of blood clots (*thrombophlebitis*)
- History of bleeding or blood problems
- Previous surgery
- Other health problems

FOLLOWING SURGERY

After surgery, you will be taken to the recovery area where a nurse will watch and check your progress. Once you are awake, stable, and taking fluids well, barring other problems you will be allowed to go home. Once home, an ice pack applied to your operative site may help with discomfort and keep the swelling down. Elevate your foot above your heart as much as possible for the first 4-6 days after surgery.

HOME CARE INSTRUCTIONS

- Follow your caregiver's instructions as to activities, exercises, physical therapy, and driving a car.
- Daily exercise is helpful to prevent return of problems. Maintain strength and range of motion as instructed.
- Only take over-the-counter or prescription medicines for pain, discomfort, or fever as directed by your caregiver.
- See your caregiver as directed. It is very important to keep all follow-up referrals and appointments in order to avoid any long-term problems with your ankle and foot including chronic pain, inability to move the ankle or foot normally, and permanent disability.

SEEK MEDICAL CARE IF:

- Increased bleeding (more than a small spot) from the wound or from beneath your cast or splint.
- Redness, swelling, or increasing pain in the wound or from beneath your cast or splint.
- Pus coming from wound or from beneath the cast, splint or fracture boot.
- An unexplained oral temperature over 102° F (38.9° C).
- A foul smell coming from the wound or dressing or from beneath your cast, splint.

SEEK IMMEDIATE MEDICAL CARE IF:

- You begin to lose feeling in your foot or toes, or develop swelling of the foot or toes.
- You get a cold or blue foot or toes on the injured side.
- You develop pain not relieved by medicine.
- You develop a rash.
- You have difficulty breathing.
- You have any allergic problems.

If you do not have a window in your cast for observing the wound, a discharge or minor bleeding may show up as a stain on the outside of your cast. Report these findings to your caregiver. If you are placed into a fracture boot after your operation, you should expect minor bleeding through the dressings. Change the dressings as instructed by your caregiver.

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