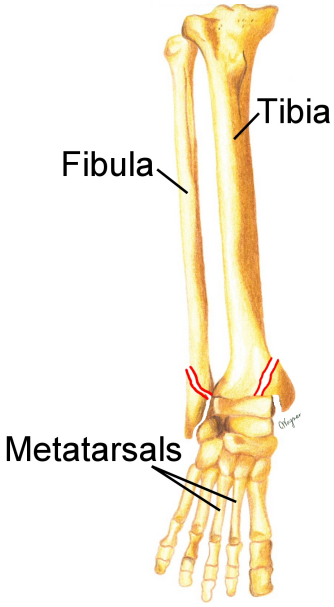
Trimalleolar Fracture, Ankle, Adult, Displaced (ORIF)

A trimalleolar *fracture* (break in bone) is three fractures in the lower bones of your leg that make up your ankle. These fractures are in the bone you feel as the bump on the *outside of your ankle* (fibula) and the bone that you feel as the bump on the *inside of your ankle* (tibia). Your fractures are displaced. This means the bones are not in their normal position and will not give a good result if they heal in that position. Because of this, surgery is required. This is called an open reduction and internal fixation (ORIF). Even with the best of care and perfect results this ankle may be more prone to be arthritis later due to damage of the cartilage lining the ankle joint which is not visible on x-ray.



These fractures are diagnosed with x-rays.

TREATMENT

You have fractures that would probably heal with disability, without surgery. Open reduction means that the area of the fracture is opened up to the vision of the surgeon and internal fixation means that a screw, pins or fixation device is used to hold the boney pieces in place. After surgery a short-leg cast or removable fracture boot is then applied from your toes to below your knee. This is generally left in place for about five to six weeks, during which time it is followed by your caregiver and x-rays may be taken to make sure the bones stay in place.

RISKS & COMPLICATIONS:

All surgery is associated with risks. Some of these risks are:

- Excessive bleeding
- Infection
- Post traumatic arthritis.
- Failure to heal properly resulting in an unstable or arthritic ankle
- Stiffness of ankle following repair
- The need to have some of the hardware removed.

LET YOUR CAREGIVERS KNOW ABOUT THE FOLLOWING:

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

BEFORE AND AFTER YOUR SURGERY

Prior to surgery an *IV* (intravenous line connected to your vein for giving fluids) may be started and you will be given an *anesthetic* (this may be medicine and gas to make you go to sleep or you may receive a spinal anesthetic which will make your legs numb for the period of time necessary for your surgery). You may also be given a regional anesthetic such as a spinal or epidural block. After surgery, you will be taken to the recovery area where a nurse will monitor your progress. You may have a *catheter* (a long, narrow, hollow tube) in your bladder following surgery that helps you pass your water. If you stay in the hospital, when you are awake, are stable, taking fluids well and without complications, you will be returned to your room. You will receive physical therapy and other care until you are doing well and your caregiver feels it is safe for you to be transferred either to home or to an extended care facility.

HOME CARE INSTRUCTIONS

- You may resume normal diet and activities as directed or allowed.
- Keep *ice packs* (a bag of ice wrapped in a towel) on the surgical area for twenty minutes, four times per day, for the first two days following surgery. Following this you may use heat for twenty minutes, four times per day. Use the ice only if OK with your surgeon or caregiver.
- Elevate your ankle above your heart as much as possible for the first 24-48 hours after the operation.
- Change dressings if necessary or as directed.
- If you have a plaster or fiberglass ***cast***:
  - Do not try to scratch the skin under the cast using sharp or pointed objects.
  - Check the skin around the cast every day. You may put lotion on any red or sore areas.
  - Keep your cast dry and clean.
- Do not put pressure on any part of your cast or splint until it is fully hardened.
- Your cast or splint can be protected during bathing with a plastic bag. Do not lower the cast or splint into water.
- Only take over-the-counter or prescription medicines for pain, discomfort, or fever as directed by your caregiver.
- Use crutches as directed and do not exercise leg unless instructed.
- **These are not fractures to be taken lightly! If these bones become displaced and get out of position, it may eventually lead to arthritis and disability for the rest of your life. Problems often follow even the best of care. Follow the directions of your caregiver.**
- Keep appointments as directed.
- Elevate your injured ankle above your heart as much as possible for the first 5-7 days.
- If you are placed into a fracture boot after surgery only remove is as instructed by your caregiver.

SEEK IMMEDIATE MEDICAL CARE IF:

- Redness, swelling, numbness or increasing pain in the wound.
- Pus coming from wound.
- An unexplained oral temperature above 102° F (38.9° C) develops or as your caregiver suggests.
- A bad smell coming from the wound or dressing.
- A breaking open of the wound (edges not staying together) after sutures or staples have been removed.
- Your skin or nails below the injury turn blue or gray, or feel cold or numb.
- You develop severe pain under the cast or in your foot. Especially when someone else moves your toes.

Follow all instructions given to you by your caregiver, make and keep follow up appointments, and use crutches as directed.

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 dressings, your cast or plaster splint. Report these findings to your caregiver. If you are given a fracture boot, minor bleeding on the dressing is common. This is not of major concern. Change the dressing as instructed by your caregiver.

Document Released: 04/07/2004 Document Re-Released: 03/16/2010
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