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Ankle fracture open reduction and internal fixation

What is it?

- There are 3 “knuckles” that keep your ankle joint secure: medial malleolus, lateral malleolus (fibula), and posterior malleolus (back of tibia)
- The tibia and fibula are held closely together by a complex of strong ligaments known as the “syndesmosis”. If the syndesmosis is injured, your ankle will be unstable under load.
- The aim is to fix each broken malleolus using a combination of plates and/or screws and address any residual syndesmotoc injury with stabilizing construct, either a screw or a suture bridge.

Intra-operatively:

- You will have a general anaesthetic and may have a block to your thigh, which will numb your leg to help reduce pain post-operatively. The incisions used will depend on which bones need to be fixed but they will be closed with dissolving sutures.
- The fibula bone is classically fixed with a locking plate construct, the medial malleolus is classically fixed with compression screws (but a ligament repair may be used if the fragment is small) and the posterior malleolus is fixed with a locking plate.
- Xrays are taken intra-operatively and these will be shown to you to explain what has been performed.

Post-operatively:

- You will stay in hospital to elevate your foot, receive and prophylactic antibiotics and manage pain and swelling. You can expect to be discharged when you can manage safely at home.
- You will be in a moon boot to support the fixation and Dr Sundaram will endeavour to allow you to begin weight bearing immediately. The boot should remain on while sleeping and for showers; but should be removed for ankle movement exercises.
- We will give you aspirin 100mg daily for 6 weeks to help reduce the risk of deep vein thrombosis
- The bulky bandages can be removed 2 days later but please keep the water proof dressings intact until we see you in 2 weeks.
- You will not be able to drive for the 6 week period
- Dr Sundaram will see you at 2 weeks and 6 weeks post-operatively, but you can expect up to 6 to 12 months for a complete recovery
- Physiotherapy:
 - From immediately post-op: out of boot for ankle range of motion, swelling management, and desensitization.
 - Gradually increase weight bearing as pain allows but ensure the heel is well seated in the boot to avoid an equinus contracture forming.
 - If the xray at the 6 week appointment shows sufficient healing and your function has recovered, you will be discharged from our clinic to the care of the physiotherapists.

If you have any concerns please email us at admin@drsundaram.com.au or call us on 08 6332 6335