

POST-OPERATIVE INSTRUCTIONS AND REHABILITATION FOLLOWING
O.R.I.F. ANKLE / FOOT FRACTURE &/OR DIASTASIS REPAIR

These are some general guidelines, however if there are any significant deviations from them you will be informed of this by your surgeon.

If at any stage you experience severe pain (not controlled with the analgesia you were given), fevers, chills, night-sweats, shortness of breath, chest pain, or any symptom about which you are concerned please make immediate contact with your surgeon, your anesthetist, the hospital where your surgery was performed, or (if after hours) your local emergency department.

Immediately post-surgery

- You will wake up in the recovery area, with your operated leg in a short (below knee) cast or fracture boot
- The cast/boot is to both, protect the surgical site and control your pain. The cast should be left intact until seen in your surgeon's rooms for your first post-operative review.
- The nurses will administer pain killers as required
- When you have recovered from the anesthetic, you will be allowed to mobilize with the assistance of crutches
- **You are allowed to/ not allowed to partially/ fully bear weight on the operated side**
- The surgeon will see you before you leave and explain the surgical findings and the procedure performed

From discharge until first post-operative review

- Although you are allowed to mobilize as indicated above, when not moving around try to keep the ankle above the level of the heart to reduce the amount of swelling and pain.
- You are encouraged to move the operated knee and hip often, for at least 10 minutes every 3-4 hours during waking hours.
- In some cases you will be allowed to remove your ankle from the boot and begin some gentle range of motion exercises, bending your ankle "up and down" – **this does / does not apply to you**

You may notice some bruising appearing in your toes, days to weeks following your surgery. This is bleeding from the operation site that has tracked distally under the influence of gravity and should not cause alarm.

**PHONE DR. PORTER'S ROOMS TO CONFIRM THE TIME OF YOUR
APPOINTMENT ON ___/___/_____**

First post-operative review (2 weeks)

- The surgeon will remove the cast / boot and check the wound and place you in an appropriate brace (will vary with type of surgery performed, the stability of the repair etc.)
- You will also be referred for physiotherapy to supervise and monitor your rehabilitation

2-6 weeks

- **You will be / will not be allowed to bear weight as tolerated with the brace on, and this can be with or without crutches.**
- Physiotherapy sessions will concentrate on restoring the normal range of movement in the dorsi-plantar flexion

Second post-operative review

- The surgeon will see you for your second post-operative review at about 6 weeks post surgery. He will check the quality of the repair and healing
- At this stage you will normally be allowed to commence weight bearing as tolerable, with / without the brace or boot on

6-8 weeks

- You should be able to swim and cycle with or without the brace on. An air cast stirrup may be recommended for these activities.

8-12 weeks

- You should be able to return to running (flat even surfaces).

12-24 weeks

- Over this period you should be able to make a graded return to full sports activity, aiming for unrestricted sports participation within 4 months.

Return to various activities

Work – may be possible within 10 days as long as you are able to work while non-weight bearing with crutches

Cycling – stationary cycling may be possible within 2-3 weeks in some cases, otherwise it will be at 6-8 weeks when the cast is removed

Swimming – will be possible while wearing a water-tolerant fibreglass cast, or following healing of the wounds if the foot is in a boot

Running – will be possible when full strength, balance and muscle endurance has been restored at least 2 months following surgery