

Managing in your cast after an ankle fracture

This leaflet explains more about returning to your everyday activities whilst you are unable to put weight on your fractured ankle.

If you have any questions or concerns, please speak with the staff caring for you.

What are ankle fractures?

The ankle is made up of three bones. An ankle fracture is a break to any of these bones.

How do you treat ankle fractures?

Initially you will be examined by a doctor and will have an X-ray to confirm if there is a fracture. Subsequent treatment will depend on the type of fracture, number of broken bones, if the fracture is out of alignment (the bones are not in their normal positions), and your general health.

Typically, there are two types of treatment options:

- non-surgical
- surgical.

Non-surgical treatment

If the fracture is stable and well-aligned, it is likely you will be placed in a below the knee plaster cast and be told not to put weight on your fractured leg (non-weight bearing). Alternatively you may be told to wear an Aircast boot (see picture below). Your physiotherapist and the medical team caring for you will advise you on how much weight you can put on your leg.



Image of Aircast boot

Surgical treatment

If the fracture is unstable and not well-aligned, surgery may be required to fix the bones. Your doctor will explain this to you in more detail.

If you have swelling, you may have to wait until the swelling has gone down before you can have surgery. We advise you keep your leg elevated to reduce the swelling.

Once you have surgery, it is likely we will put a plaster cast on your injured ankle. Also, we are likely to recommend that you do not weight bear.

Alternatively, you may be told to wear an Aircast boot. Your physiotherapist and the medical team caring for you will advise you on how much weight you can put on your leg.

It is essential that you follow the non-weight bearing advice given to you while your bones are healing. Usually the advice is to be non-weight bearing for a minimum of six weeks, but your doctor will tell you your specific time frame depending on how your bones are healing.

How should I manage my pain?

You may experience some pain in your ankle after your fracture or surgery. It is recommended that you take your pain relief on a regular basis to aid your recovery. If the medication provided is not managing your pain then please speak to your nurse or doctor.

Getting ready to go home

A physiotherapist will assess you before you go home, and possibly an occupational therapist (a healthcare professional who helps individuals to achieve everyday tasks). The physiotherapists will check you can move safely with the correct walking aid for you. They may also check if you can manage the stairs, if required.

For the first 2 weeks it is recommended that you keep your foot elevated when you are resting as this will help to manage the swelling. You should aim to elevate your foot for 50 minutes out of every hour. After this two week period you should begin to increase the amount of time you are walking.

When you are bathing or showering, you must keep your plaster cast dry and make sure you follow your advised non-weight bearing advice.

Getting out and about

Please take care when going outside your home. Be aware of uneven surfaces when walking with your walking aid. Also, take your time and be aware of others when walking in crowded places.

If you need to carry anything, we advise you wear a rucksack over both shoulders. Carrying heavy items is not recommended.

If your hands become uncomfortable from walking with crutches, try using cycling or weight-lifting gloves. These can be purchased on-line or in store from reputable sports outlets.

Risks:

If you experience any of the following symptoms, please contact your GP or go to your nearest Accident and Emergency (A&E) Department:

- increasing pain in your foot or ankle
- fever (temperature higher than 38°C)
- 'pins and needles' or numbness in the limb with the plaster cast
- blister-like pain or rubbing under the plaster cast
- discharge, wetness or a smell under your plaster cast
- if you drop any objects inside your plaster cast
- if you suspect you have deep vein thrombosis (DVT; a clot in a vein lying deep below the skin, especially in the legs). Symptoms include pain and/or burning in the back of your lower leg, if your cast is on your lower limb. You may also feel unwell and have a temperature
- if your toes become blue or swollen or you are unable to move your limb.

Contact us

If you have any questions or concerns about lower limb injury or operation, please contact **George Perkins Ward** on **020 7188 2670** (Monday to Friday, 9am to 5pm), and ask to speak to the nurse in charge.

Outside of these hours, if you have any concerns, please contact your GP or go to your nearest A&E Department.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.guysandstthomas.nhs.uk/leaflets

Pharmacy Medicines Helpline

If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.

t: 020 7188 8748 9am to 5pm, Monday to Friday

Your comments and concerns

For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.

t: 020 7188 8801 (PALS) **e:** pals@gstt.nhs.uk

t: 020 7188 3514 (complaints) **e:** complaints2@gstt.nhs.uk

NHS 111

Offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day.

t: 111

NHS Choices

Provides online information and guidance on all aspects of health and healthcare, to help you make choices about your health.

w: www.nhs.uk

Leaflet number: 4234/VER1

Date published: April 2016

Review date: April 2019