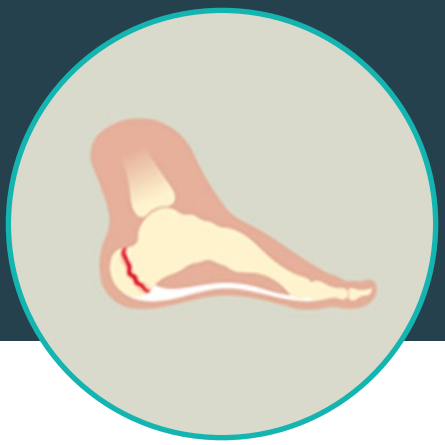
HINDFOOT TRAUMA



OVERVIEW

Hindfoot injuries are rare but can be very debilitating. It is usually caused falling from a height or during a motor vehicle accident. A calcaneus fracture is the most common followed by a talus fracture. These are two bones in your hindfoot. Calcaneus fractures can occasionally be treated conservatively. It does not mean to do nothing but rather to include medical management and usually includes a cast. Some calcaneus fractures and most talus fractures need to be treated surgically.

Symptoms of a fracture:

- Pain
- Swelling
- Bruising and discoloration
- Not being able to put weight on you foot

SURGERY

For more detailed information about what to expect in relation to surgery, please refer to the leaflet “Day of surgery essentials”.

Pre-procedure:

- You will receive a scheduled time for your procedure from our practice manager, Elzette.
- Fill in the forms sent to you by our office via email or find the form online at www.ankledoc.com under “Patient Corner”.
- Upon arrival at the hospital, you will undergo the standard admission procedure.
- Nurses will admit you to the ward and ask you medical questions to ensure your readiness for the procedure.
- It is often helpful to bring a list of your chronic medications.
- Relevant foot will be marked with a marker for identification.

During the procedure:

- When it’s your turn, you will be escorted to the theatre.
- You will briefly meet with your doctor before being anesthetized.
- A below knee block will be performed.
- The doctor will make an incision in your foot as discussed. Internal fixation is most commonly done, where screws are used to fix the bones. They do not need to be removed.

Post-procedure:

- After the procedure, you will be taken to the recovery room to wake up fully.
- Once fully awake, you will be returned to the ward.
- Most of our patients remain in hospital for two nights. Approximately 75% of patients need to stay a second night. It gives you ankle-block time to wear off and during that time we can get ahead of the pain with intra-venous medication. During this time it also gives our physio and Dr Wessels time to visit you.

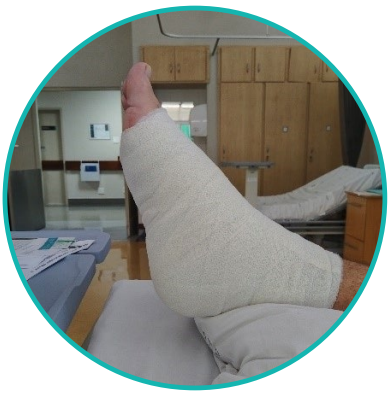
HINDFOOT TRAUMA

Aftercare and rehab:

- You will be in a moon-boot for 12 weeks.
- For the first 8 weeks you will not put **any** pressure on your foot, this means your foot should not touch the ground. The first 3 weeks of this you should mostly be in bed. Do not move anywhere out of bed without your moonboot, because accidents are bound to happen. Use crutches or a knee-scooter for mobility. The next 5 weeks of this you can move around more but you will still need to elevate your foot several hours during the day to control the swelling. Ice your foot regularly.
- For the next 4 weeks you will still be in your moonboot, but you are allowed to step on your moon boot. Crutches are not necessary currently except if you still feel a bit off balance. During this time, you and the physio will slowly start walking without the moonboot. This should only be done in a controlled environment and part of rehab. Don't take chances by walking around without your moon boot during this time.
- Rehabilitation is very important. Work together with the physio to obtain an acceptable range of motion for your foot.
- Swelling at the end of the day is normal. Swelling is only concerning if it is worse when you wake up and if there is a new and worsening pain associated with it.
- Celebrex can be taken daily for 3 months to help reduce inflammation and swelling. It also helps your rehab to continue smoothly.

Wound care:

- Heel wounds take time to heal.
- The 3 weeks that you spend in bed, you need to keep pressure off your heel. Put a pillow under your lower leg as demonstrated.
- 3 weeks post-op is also the time when your stitches can be removed if the wound has properly healed. Please refer to the leaflet demonstrating how to remove the stitches if you wish to do so at your local hospital or GP.



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