

Emergency Department Discharge Advice

 Health & care
information
you can trust

The Information Standard  Certified
Member

Information

If you need this information in large print, easy read, on audiotape or in another language please call 0800 7838058 or e-mail pals@dchft.nhs.uk

If you wish to obtain a list of the sources used to develop this information leaflet please call 0800 7838058 or e-mail patient.info@dchft.nhs.uk

Authors: ED Consultant &
Highly Specialist
Physiotherapist
Publication Date: 06/14
Review Date: 06/17

Ankle Fracture

What is an ankle fracture?

A fracture is a break in a bone. Ankle fractures are common injuries that are most often caused by the ankle joint rolling inward or outward.

How is it diagnosed?

This is made by examination and x-rays.

What is the treatment?

This depends upon the type and severity of the fracture.

There are 2 types of treatment:

1. If the fracture is stable and is in a good position it can be treated with a plaster cast below the knee or removable brace or boot together with crutches or another form of walking aid. Progress is then reviewed by the orthopaedic team in the fracture clinic. Most people need a plaster cast for at least one week. Weight bearing is permitted in a brace or boot but not a plaster cast.
2. If the fracture is very unstable or displaced surgery may be required to "fix" the bones together. If the fracture needs surgery the emergency department team will usually contact the orthopaedic team immediately to discuss this with you, however, occasionally it may be decided in fracture clinic.

The emergency department staff or a physiotherapist will assess you for a mobility aid and teach you how to 'hop' and to climb up or down stairs.

You will receive your appointment for the fracture clinic from our reception staff before you leave the emergency department.

What about pain?

The-plaster cast is usually very effective in reducing pain; however, additional painkillers are also often necessary in the early stages.

Please turn over:

Plaster cast Care

Do:

- Take care of your cast
- Move your toes, and all other joints not immobilised by the cast, several times every hour
- Keep the limb elevated (above heart level) when not in use, especially in the early stages to help reduce the swelling

Do not:

- Get the cast wet, this will cause skin problems
- Push objects down the cast for any reason e.g. to scratch, as wounds and ulcers can develop
- Do not drive when wearing a cast
- Walk on your cast
- Attempt to dry your cast with a hairdryer, as your cast will become hot and may burn you
- Do not let the limb hang if it is not being used
- Remove the cast yourself
- Rest on the same area for long periods of time e.g. the heel as a high risk for pressure sores

Contact Us

If you experience any of the following please contact the plaster room, between the hours 8am-5pm weekdays, where an appointment can then be made for you to return:

- Your toes become painful, swollen or blue
- You are unable to move the limb/joints above or below the cast
- You feel “pins and needles” or numbness in the limb
- You develop pain or swelling in the calf muscles
- Any “burning”, “blister-like” pain or severe irritation under the cast
- Discharge, blood staining or wetness under the cast
- Plaster appears too tight or too loose fitting
- Plaster cracks or becomes soft or has got wet

Outside of these hours please contact the Emergency Department.

Please contact the Plaster Room Technician on telephone: 01305 255498 if you have any queries or problems regarding your plaster cast. Unfortunately due to busy clinics they cannot answer every call. Please leave a voicemail with your name, contact number and a brief description of your problem and they will endeavour to get back to you as soon as possible.

You can also contact NHS Direct 24 hours a day on 111.