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Postoperative Instructions: Ankle Surgery

General goals:

Full ankle range of motion
Decreased pain and swelling (edema)
Return to prior activity

Immediate postoperative period (1-2 weeks after surgery)

Goals	Control pain Reduce swelling Minimize loss of strength in the core, hips, knees, and upper extremities Demonstrate safe mobility with weight bearing precautions Avoid complications (wound healing, falls)
Restrictions	No weight bearing on the operative extremity No motion of the operative ankle
Bracing	Short leg splint
Exercises	Perform the following exercises 3 time a day, 10-20 repetitions each: <ul style="list-style-type: none"> • Toe curls • Knee extension • Knee flexion Please visit https://ota.org/for-patients/physical-therapy/ankle and https://ota.org/for-patients/physical-therapy/knee to view videos of the prescribed exercises
Interventions	<u>Swelling and Pain</u> <ul style="list-style-type: none"> • RICE: Rest, Ice, Compression, and Elevation • Ice can be applied over the splint • Multimodal pain control (see separate handout) <u>Gait Training</u> <ul style="list-style-type: none"> • Use a wheelchair, walker, crutches, or knee scooter for mobilization <u>Physical Therapy</u> <ul style="list-style-type: none"> • No formal physical therapy during this time <u>DVT/PE</u> <ul style="list-style-type: none"> • In general, the risk of blood clots in your legs (DVT) and/or lungs (PE) after ankle surgery is very low • Most patients will not require medication to prevent clots • However, patients at higher risk (clotting disorders, previous clot, use of certain birth control medications) may be placed on aspirin (81 mg) twice daily for 6 weeks

First postoperative visit (~1-2 weeks after surgery): Sutures are removed and Steri-Strips are placed on the surgical wound(s). You may shower and get the wound(s) wet with soapy water at this time, but do not submerge the wound(s). Pat dry afterwards (do not scrub). The splint is exchange for a fracture boot or controlled ankle motion (CAM) boot. X-rays are taken to evaluate healing. Physical therapy is started at a location convenient to the patient.

Early postoperative period (2-6 weeks after surgery; after first postoperative visit)

Goals	Control pain
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	<p>Reduce swelling</p> <p>Minimize loss of strength in the core, hips, knees, and upper extremities</p> <p>Demonstrate safe mobility with weight bearing precautions</p> <p>Increase range of motion</p> <p>Avoid complications (wound healing, falls)</p>
Restrictions	<p>Protected weight bearing on the operative extremity (weightbearing as tolerated used crutches or a walker) in the boot</p> <p>A knee scooter or wheelchair is also acceptable if you are unable to use crutches or a walker</p> <p>Slowly increase the amount of weight placed on the operative ankle each week (25%→50%→75%→100%), weaning the crutches or walker as tolerated</p>
Bracing	Fracture boot or controlled ankle motion (CAM) boot
Exercises	<p>Remove the boot and perform the following exercises 3 times a day, 10-20 repetitions each:</p> <ul style="list-style-type: none"> • Ankle rotation exercises • Seated heel-toe raises • Heel cord and calf stretches • Toe curls • Knee extension • Knee flexion <p>Please visit https://ota.org/for-patients/physical-therapy/ankle and https://ota.org/for-patients/physical-therapy/knee to view videos of the prescribed exercises</p>
Interventions	<p><u>Swelling and Pain</u></p> <ul style="list-style-type: none"> • RICE: Rest, Ice, Compression, and Elevation • Multimodal pain control (see separate handout); narcotics (opioids) should be weaned at this stage <p><u>Gait Training</u></p> <ul style="list-style-type: none"> • Use a wheelchair, walker, crutches, or knee scooter for mobilization; however, these can be weaned as tolerated <p><u>Physical Therapy</u></p> <ul style="list-style-type: none"> • A physical therapy prescription will be written at this time to work on range of motion and gait training

Second postoperative visit (~6 weeks after surgery): Range of motion is checked, and X-rays are taken to evaluate healing. Physical therapy is continued.

Intermediate postoperative period (6-12 weeks after surgery; after second postoperative visit)

Goals	<p>Manage swelling</p> <p>Minimize loss of strength in the core, hips, knee, and upper extremities</p> <p>Demonstrate safe mobility with weight bearing precautions</p> <p>Increase range of motion</p>
Restrictions	Weight bearing as tolerated on the operative extremity
Bracing	Fracture boot or controlled ankle motion (CAM) boot is exchanged for an air cast; you can begin transitioning to a regular shoe by ambulating first around the house then progressing to outside
Exercises	<p>Remove the boot and perform the following exercises 3 times a day, 10-20 repetitions each, in addition to any exercises you learn at physical therapy:</p> <ul style="list-style-type: none"> • Ankle rotation exercises • Seated heel-toe raises • Standing heel raise • Stand up exercise • Heel cord and calf stretches • Toe curls • Knee extension • Knee flexion <p>Please visit https://ota.org/for-patients/physical-therapy/ankle and https://ota.org/for-patients/physical-therapy/knee to view videos of the prescribed exercises</p> <p>You may also begin any of the following exercises:</p> <ul style="list-style-type: none"> • Single leg stance • Closed chain lower extremity exercises such as leg press • Stationary bike

	<ul style="list-style-type: none"> Treadmill walking (once out of the boot)
Interventions	<p><u>Swelling and Pain</u></p> <ul style="list-style-type: none"> Soft tissue mobilization (such as massage) often help with swelling at this point Compression stockings may also be used Multimodal pain control may be weaned as tolerated <p><u>Gait Training</u></p> <ul style="list-style-type: none"> Use a wheelchair, walker, crutches, or knee scooter for mobilization; however, these can be weaned as tolerated <p><u>Physical Therapy</u></p> <ul style="list-style-type: none"> Continue working with physical therapy on gait, range of motion, strengthening, and proprioception

Third postoperative visit (~3 months after surgery): Range of motion is again check, and X-rays are taken to evaluate healing. Some patients have completed physical therapy by this visit. Sports-specific activity may be resumed.

Late postoperative period

(>12 weeks after surgery; after third postoperative visit)

Goals	Manage swelling Increase strength in the core, hips, knee, and upper extremities Improve balance and control of the operative extremity Return to sports-specific activity
Restrictions	None
Bracing	None
Exercises	Continue to perform the above exercises whenever possible, progressing to sport-specific activity as indicated
Interventions	<p><u>Swelling and Pain</u></p> <ul style="list-style-type: none"> Swelling should be minimal at this point; however, compression stocking may be used if it is an issue If there is still significant pain, a Pain Management referral may be indicated <p><u>Gait Training</u></p> <ul style="list-style-type: none"> Ambulate as much as possible Jogging/running is also allowed <p><u>Physical Therapy</u></p> <ul style="list-style-type: none"> Continue with physical therapy as indicated

Fourth postoperative visit (~6 months after surgery): X-rays are taken to confirm full healing (union) of the fracture. Any residual issues are addressed. If there are no remaining issues, this is often the final postoperative visit.

Showering: You should not get your initial splint wet. However, after the splint and sutures have been removed, you may shower as needed.

Driving: Prior to driving, you must be off all narcotic pain medication (such as tramadol or oxycodone). For right ankle surgery, you must be fully weight bearing without crutches or a boot; this usually occurs around 9 weeks after surgery. For left ankle surgery, you may drive an automatic transmission at any point; for manual transmission, you must be fully weight bearing without crutches or a boot.

Skin care: Steri-Strips are placed on the wound(s) after your sutures are removed, typically at your first postoperative appointment. These typically fall off on their own but can be removed after 1 week. Once the wound has healed, you may use cocoa butter or a Vitamin E ointment (such as Mederma Scar Cream) to soften the scar.

Scar massage: Scar massage helps to reduce stiffness and improved range of motion while softening the scar. You may start scar massage once the wound has healed, and perform it for 5 minutes, 2-3 times a day. Please visit <https://www.youtube.com/watch?v=D26Q4VI3Ga4> for an example of scar massage.

Infection: Please call the office if you experience any of the following symptoms, as you may be developing a postoperative infection:

- Increased drainage from the incision
- Increased redness around the incision site
- Foul odor
- Fever greater than 101°F