

TRAUMA

Lisfranc injury

Fractures, dislocations or ligament injuries of the midfoot that may compromise the stability of the foot's arch.

Patient information, treatment choices, risks, recovery and a space to record your individual plan.

Understanding your injury

The Lisfranc joints link the midfoot to the metatarsals. Injury can range from a stable ligament sprain to a displaced fracture-dislocation. Midfoot pain, swelling and bruising beneath the foot can raise suspicion. An apparently minor twist can cause a significant injury. Examination and X-rays assess alignment; clinician-directed weight-bearing views, CT or MRI may be needed when the injury is subtle or surgery is being planned.

Treatment and the procedure

A confirmed stable, undisplaced injury may be managed with immobilisation and protected activity, with follow-up imaging to ensure it remains stable. Displacement or instability may require surgery. Options include realignment with plates or screws, or fusion of selected damaged joints. Fusion joins those bones permanently; fixation aims to hold alignment while healing occurs. The best choice depends on the joints involved, cartilage and ligament injury, your health and functional goals.

Benefits, risks and expectations

If surgery is planned, discuss bleeding, anaesthetic risks and complex regional pain syndrome as well as the risks specific to your injury. Your general health and the extent of surgery affect your personal risk.

- Treatment aims to preserve a stable, aligned arch and improve walking. Persistent pain or arthritis can occur even after an apparently successful repair.
- Discuss infection, wound problems, nerve symptoms, blood clots, recurrent displacement, nonunion after fusion and metalwork irritation or breakage.
- Some fixation constructs require a later removal procedure; this is not automatic for every patient. Arthritis may require further treatment, including fusion. Return to impact sport is not guaranteed.

RECOVERY AND YOUR CONSULTATION

Lisfranc injury

Use this guidance to prepare your individual plan with the treating team.

Rehabilitation and aftercare

Follow the surgeon's written instructions for weight bearing, boot or cast use and permitted movement. Do not walk through midfoot pain or advance loading without approval. Physiotherapy introduces strength, balance and gait work when the repair or fusion is ready. Footwear changes or an orthosis may help during recovery. Swelling and reduced endurance can last beyond early healing; return to work and sport should reflect symptoms, imaging and the demands of the activity.

When to get urgent help

- Attend A&E for sudden severe pain or rapidly worsening numbness or colour change. Seek prompt review of fever, wound discharge or a tight cast.
- Seek urgent advice for new calf pain or swelling; call 999 for chest pain or breathlessness.

Your consultation

Ask how stability was assessed, why fixation or fusion is proposed, what movement changes to expect and whether metalwork removal is planned. This information supports an individual consent discussion.

Sources and further reading

AAOS: Lisfranc midfoot injury

<https://www.orthoinfo.org/diseases--conditions/lisfranc-midfoot-injury>

BOFAS: Lisfranc injuries

<https://www.bofas.org.uk/hyperbook/trauma/lisfranc-injury>

NHS: Compartment syndrome

<https://www.nhs.uk/conditions/compartiment-syndrome/>

NHS: Broken leg

<https://www.nhs.uk/conditions/broken-leg/>

NHS: Deep vein thrombosis

<https://www.nhs.uk/conditions/deep-vein-thrombosis-dvt/>

CLINICIAN-COMPLETED WORKSHEET

Your consent discussion

Lisfranc injury

This blank worksheet is not an executed consent. Complete it after clinical assessment with the treating clinician. The hospital or clinic must also complete its required consent process before treatment.

Patient name / identifier, date of assessment and communication support needed

Diagnosis, affected side / site and the proposed procedure or treatment

Reasonable alternatives discussed, including the option of no treatment

Expected benefit for this patient, limits of treatment and uncertainties

Material risks and personal risk factors - record the risks that matter to this patient

Patient's priorities, questions, understanding and agreed decision / time to consider

Treating clinician name, role and signature / date

Patient / representative name, signature and date - acknowledgement of discussion only

A signature here records a discussion; it does not replace a completed treatment consent form. You may ask further questions or change your decision before treatment.

CLINICIAN-COMPLETED WORKSHEET

Your rehabilitation and aftercare plan

Lisfranc injury

Complete this plan after assessment. The advice must match your injury or operation, imaging, wound and medical history. Do not start limb loading, remove protection or change medicines using an uncompleted worksheet.

Limb loading / weight bearing, walking aids, sling / cast / boot / brace and protection

Wound / dressing care, bathing, elevation and swelling advice

Medicines, pain relief, clot prevention and any treatment-specific restrictions

Exercises, physiotherapy, range of movement and progression criteria

Work, driving, sport and daily activities - individual restrictions / review points

Review date, imaging / tests, named clinician and routine / out-of-hours contact details

Clinician completing this plan, signature / date and patient questions

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