

TRAUMA

Ankle fractures

Assessment, treatment choices and recovery after a broken ankle, including injuries to the stabilising ligaments.

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

Understanding your injury

An ankle fracture may affect the inner, outer or back part of the ankle. The ligaments between the tibia and fibula, called the syndesmosis, can also be injured. Assessment includes the skin, circulation, sensation and X-rays; further imaging may be needed to understand the fracture and joint alignment. Stability matters as much as the number of broken bones.

Treatment and the procedure

A stable fracture with satisfactory alignment may be managed in a cast or boot, with review to check that alignment is maintained. An unstable, displaced or dislocated ankle may need manipulation and surgery. Fixation usually uses plates and screws; an injured syndesmosis may need additional fixation. Significant swelling can affect the timing of surgery. The aim is a stable, well-aligned ankle that can heal and recover function.

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.

- Discuss wound problems, infection, nerve symptoms, blood clots, loss of alignment, delayed healing, nonunion, metalwork irritation and possible further surgery.
- Stiffness, swelling and discomfort may persist after bone healing. Damage to the joint surface can lead to arthritis despite satisfactory fixation.
- The likely benefit of surgery must be balanced against your health, skin condition, activity goals and the consequences of accepting the fracture position.

RECOVERY AND YOUR CONSULTATION

Ankle fractures

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

Rehabilitation and aftercare

Your written plan governs weight bearing, boot or cast use, movement and wound care. Elevate as advised and protect the dressing and cast. Once authorised, physiotherapy progresses from movement to strength, balance and walking. Full-weight-bearing exercises begin only after your treating team has confirmed that loading is safe; they are not an immediate postoperative programme. Return to work, driving and sport needs individual advice.

When to get urgent help

- Attend A&E urgently for sudden severe pain, a cold or discoloured foot, or rapidly worsening numbness. Contact your team promptly about fever, discharge or a tight cast.
- Seek urgent assessment for new calf pain or swelling. Call 999 for chest pain or breathlessness.

Your consultation

Ask which structures are injured, why surgery is recommended, whether metalwork removal is expected and what restrictions apply. This guide supports discussion; personalised consent records your own options and risks.

Sources and further reading

AAOS: Ankle fractures

<https://www.orthoinfo.org/diseases--conditions/ankle-fractures-broken-ankle>

BOFAS: A patient's guide to ankle fractures

https://www.bofas.org.uk/Portals/0/Patient%20Information/Guide%20To%20Ankle%20Fractures.pdf?ver=LW_ZOT5Xfs_psfAfxNra0g%3D%3D

NHS: Broken ankle

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

NHS: Compartment syndrome

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

NHS: Deep vein thrombosis

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

CLINICIAN-COMPLETED WORKSHEET

Your consent discussion

Ankle fractures

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

Ankle fractures

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

When to seek urgent help

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