

Procedure Information Sheet – Ankle/ Wrist Fracture Fixation Surgery

Hosp No. :	HKID No.:
Case No. :	
Name :	
DOB :	M / F
Adm Date :	
Contact No. :	

1. Introduction

- 1.1. Most ankle / wrist are fractured as a result of indirect injury, from either an internal or external forces of twist, turning or rotation, resulting in fracture and / or ligamentous injuries. When serious it can lead to dislocation or even open fractures.
- 1.2. The ankle / wrist joint is formed from several pieces of bones, if the fracture cannot be reduced accurately, it would lead to post-traumatic osteoarthritis.

2. Procedural Preparation

- 2.1. Perform tests including X-Ray or Magnetic Resonance Imaging (MRI) of ankle, blood tests, chest X-Ray, or electrocardiogram (ECG), etc. as suggested by the doctor.
- 2.2. A written consent is required.
- 2.3. Pre-operative anesthetic assessment will be performed. The anesthetic management and its possible risks will be explained by the anesthetist with consent for anesthesia signed.
- 2.4. Inform your doctors about your drug allergy, current medications or other medical conditions for pre-operative assessment.
- 2.5. Fast for 6 to 8 hours before the operation.
- 2.6. May require hair clipping near the incisional site.
- 2.7. Change operation gown and empty bladder before heading to operating theatre.
- 2.8. Pre-medications, intravenous drip, or antibiotic prophylaxis maybe required according to doctor's prescription.

3. Procedure

- 3.1. When the fracture is displaced, or even dislocated, it should be considered for operative reduction and internally fixed. In general, internal fixation is accompanied with the use of prophylactic use of antibiotic for reducing infection. Fixation methods include use of K-wire, tension band wire, screws and plate. After fixation, cast immobilization may not be necessary.
- 3.2. In complicated situations such as severe open fractures, comminuted fractures, or when there is soft tissue defect, extra procedures such as bone grafting, external fixation frame or microvascular reconstruction may be necessary, usually in stages.

4. Possible Risks and Complications

- 4.1. There are complications that relate to surgery in general. These include the risks associated with anaesthesia, infection, damage to nerves and blood vessels, and bleeding or blood clots.
- 4.2. Risks are related to the fracture itself: non-union, mal-union, joint stiffness, and post-traumatic osteoarthritis.
- 4.3. Risks are also specific such as wound complications, nerve injuries, complex pain syndrome and problems with implants including loosening or exposure. All may well require further treatment.

5. Discharge Education

- 5.1. Most patients with an ankle fracture need to avoid loading that foot for about six weeks, using two crutches for non-weight-bearing walking.
- 5.2. Physiotherapy training is the first step for rehabilitation. After the fracture is fixed, or when external cast is off, the ankle must mobilize as soon as possible, regaining mobility and preventing muscle atrophy; returning to weight bearing can reduce mineral loss in the bone.

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6. Remarks

- 6.1. The information contained is very general, the list of complications is not exhaustive and other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information, please contact your doctor.

7. Reference

- 7.1. Hospital Authority. Smart Patient Website: Ankle Fracture Fixation Surgery.

I acknowledged the above information concerning the operation or procedure. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Patient/ Relative Signature: _____

Patient/ Relative Name: _____

Date: _____

