

ASK THE EXPERTS

[D MEDICAL DIRECTORY: DALLAS EDITION]

BRIAN STRAUS, M.D., ALL-STAR ORTHOPAEDICS

ANKLE EXPERT

Q: I fell and heard a 'snap' in my ankle. What should I do?

A: Begin the R.I.C.E. protocol as soon as you possibly can.

- Rest. Avoid weight-bearing on the ankle to limit additional injury, at least until the diagnosis has been established.
- Ice. Begin icing the ankle (20 minutes on, 20 minutes off) for swelling.
- Compression. Use an ACE wrap or elastic bandage around the foot, ankle, and the bottom of the leg.
- Elevation. Elevate the leg with toes above your heart.

Q: How can I tell if my ankle is broken?

A: You will need to be evaluated in either an urgent care setting or emergency room, or call your orthopedic surgeon for an appointment. A focused physical exam can usually determine if a fracture is present, but an X-ray will almost always be obtained.

Q: The doctor said the ankle is only fractured. This isn't a big deal, right?

A: Actually, to an orthopedic surgeon, a break and a fracture are the same thing. However, there is a common misconception that a fracture is less severe than an actual break.

Q: So having a fracture means it is broken?

A: Yes, but all breaks are not the same. Sometimes, a ligament may simply pull a small piece of bone away, called an avulsion fracture. These usually heal with simple measures. Other fractures may remain nondisplaced and potentially heal more quickly.

Q: The ER doctor showed me a break all the way across the bone. He said it's the worst break he's ever seen and I'll need extensive surgery. Is he correct?

A: If a bone is fractured all the way through, there are still several possible treatment options. I tell my patients to think of the ankle as a circle or intact ring. If broken only on one side, the ring is stable and joint alignment is maintained. If the ring is disrupted on two sides, however, the joint can shift and become misaligned. Many stable fractures can be treated simply in an ankle brace or fracture boot. It is usually OK to put weight on the ankle when comfortable.

Q: The surgeon I consulted said I will need surgery. Do you agree?

A: If the joint is unstable, surgery is usually necessary to realign the bones and hold them in place with metal plates and screws. If this is not done and the ankle remains out of alignment, arthritis will develop in the joint. Surgery can reduce this risk.

Q: Will I need metal plates in my ankle forever?

A: In most cases, the hardware in your ankle from surgery is designed to remain indefinitely. If it becomes bothersome, however, it can be removed safely after the bone is healed.

Q: What is a typical timeline for healing after surgery?

A: You will likely need to keep most of your weight off of the ankle for six to eight weeks after surgery. During a portion of this time, the ankle may be immobilized in a cast, followed by transition into a removable boot to begin range of motion. There is commonly a period of physical therapy to regain full motion, strength, and confidence in the ankle.

Q: Due to this injury, is my athletic career over?

A: This is a difficult question as this topic involves such a wide spectrum of injuries. With most fractures, patients can return to their previous level of activity...eventually. For many ankle fractures, I emphasize to patients that full recovery can take an entire year.

Q: If I continue to have problems in the ankle after a year, what could be done?

A: Your orthopedic surgeon will first work to determine why the ankle is still painful. This might involve imaging studies such as an MRI or CT scan. If scar tissue is present, options exist such as additional therapy or an injection. Sometimes we will perform an arthroscopy to clean out scar tissue, smooth the cartilage, and remove bone spurs. The metal hardware can be removed at that time as well.

Dr. Straus is a board-certified orthopedic surgeon, and fellowship trained in foot and ankle sports medicine. He has cared for professional athletes with the Dallas Mavericks and Houston Rockets. Dr. Straus is fluent in Spanish.

On staff at Pine Creek Medical Center