

Patient information

Midshaft Fibula Fracture

Fracture Care Team: Shared Care Plan

Trust Switchboard for both sites: 0300 131 4500

Fracture clinic and orthopaedic outpatient appointments:

Eastbourne 0300 131 4788

Conquest 0300 131 4861

This information leaflet explains the ongoing management of your injury.

You have sustained an isolated fracture to the middle of your fibula (outside bone in your leg). This normally takes approximately 6 weeks to unite (heal) although pain and swelling can be ongoing for 3 to 6 months. You may walk on the foot as comfort allows although you will find it easier to walk with crutches in the early stages. The swelling is often worse at the end of the day and elevating it will help. The boot you have been given is for your comfort only and is not needed to aid fracture healing. Take pain killers as prescribed. If you are worried that you are unable to follow this rehabilitation plan, or have any questions, then please phone the Fracture Care Team for advice.

We routinely recommend a repeat x-ray and clinical review in fracture clinic 2 weeks post injury. Should you need to reschedule this appointment please contact the details at the top of this page.

Smoking cessation

Medical evidence suggests that smoking prolongs fracture healing time. In extreme cases it can stop healing altogether. It is important that you consider this information with relation to your recent injury. Stopping smoking during the healing phase of your fracture will help ensure optimal recovery from this injury.

For advice on smoking cessation and local support available, please refer to the following website: <http://smokefree.nhs.uk> or discuss this with your GP.

Please follow the Management/rehabilitation plan shown below

Weeks since injury	Rehabilitation plan
0-6	You will be seen for review in the fracture clinic. You can wear the boot (if provided) for comfort only when walking. You may have been given crutches to take some of the weight while it is still painful but these can be weaned off as early as possible. It is ok to take the boot off at night and when resting at home. It is also important to perform the exercises below regularly to keep the movement in you ankle. Start the exercises below straight away.
	Try and wean yourself out of the boot and walk without the crutches without
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6-8	limping. Try walking around the house at first. You may want to wear it if you go on a long walk.
6 -12	The fracture is united (healed) and you can begin to resume normal activity but be guided by any pain you are experiencing. You should be able to carry out day to day activities. Arduous tasks, long walks etc., may still cause some discomfort and swelling.

Initial advice

Cold packs:

A cold pack (ice pack or frozen peas wrapped in a damp towel) can provide short term pain relief. Apply this to the sore area for up to 15 minutes, every few hours ensuring the ice is never in direct contact with the skin.

Rest and Elevation:

Try to rest the foot for the first 24 to 72 hours to allow the early stage of healing to begin. Raise your ankle above the level of your hips to reduce swelling. You can use pillows or a stool to keep your foot up. **Early movement and exercise:**

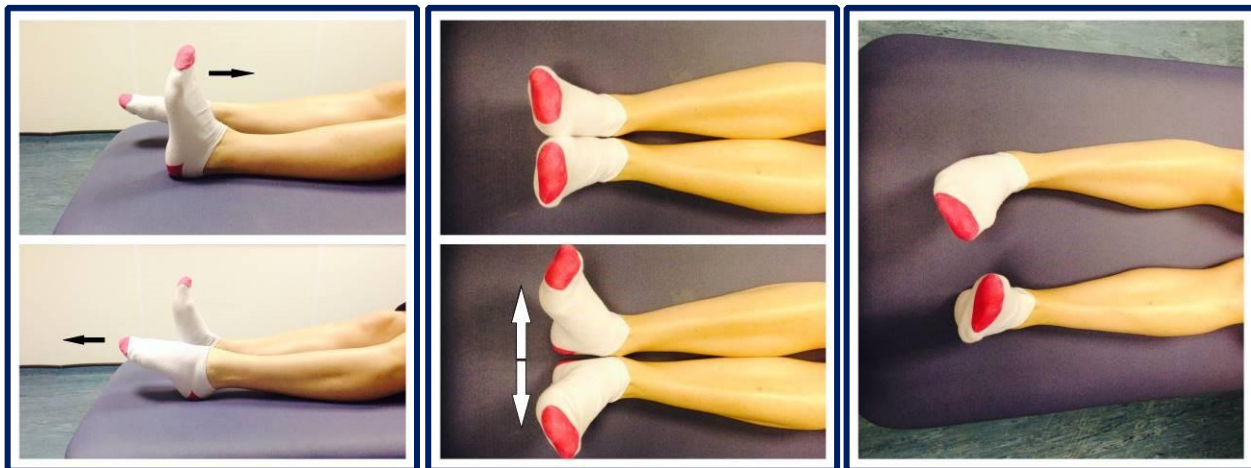
Early movement of the ankle and foot is important to promote circulation and reduce the risk of developing a DVT (blood clot). Follow the exercises below without causing too much pain. This will ensure your ankle and foot do not become too stiff. These exercises will help the healing process.

Early weight bearing (putting weight through your injured foot) helps increase the speed of healing. Try to walk as normally as possible as this will help with your recovery.

Initial exercises to start straight away (3 to 4 times a day)

Ankle and Knee range of movement exercises. Repeat these 10 times each.

1. Point your foot up and down within a comfortable range of movement.
2. With your heels together, move your toes apart, as shown in the picture.
3. Make circles with your foot in one direction and then change direction.

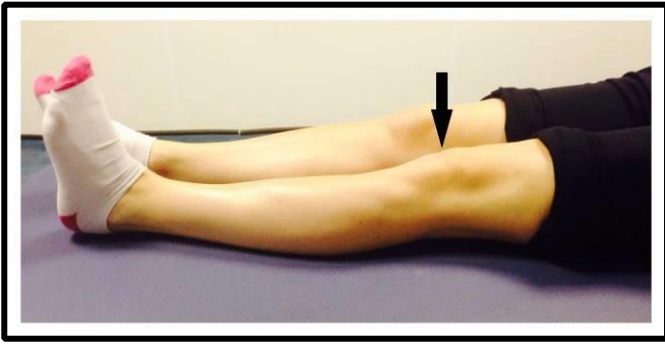


Static Quadriceps:

With your affected leg straight out in front of you, gently tense your thigh muscle and try to flatten your knee further. Hold for 10 seconds and repeat 7 to 10 times.

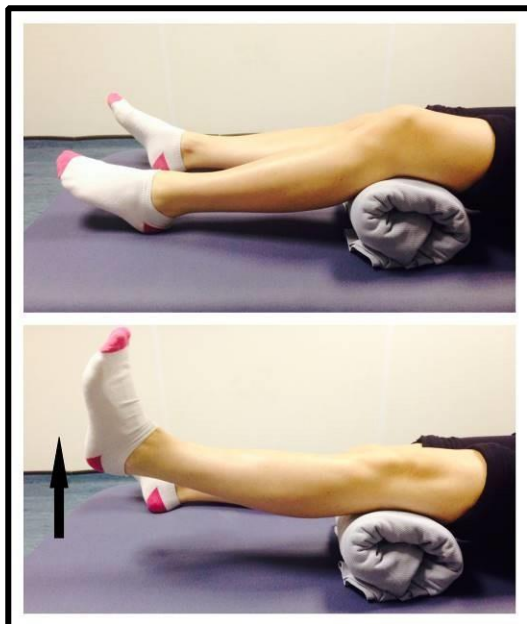
Knee flexion and extension:

Sitting in a chair as shown. Try to bend and and straighten your knee as your pain allows. Repeat 10 times, holding your leg straight for up to 5 seconds if able.



Inner Range Quadriceps:

Place a rolled up towel or small pillow under your injured knee as shown in the picture. Tense your thigh muscles and try to straighten your knee. Keep the back of your knee in contact with the towel/pillow. Repeat 10 times, holding your leg straight for up to 5 seconds if able.



Sources of information

Brighton and Sussex University Hospitals.
Orthopaedic Department, Royal Sussex County
Hospital, Eastern Road, Brighton. Information
been updated during the COVID-19 pandemic to
ensure that patients with injuries have
information, support and care despite social
distancing.

Important information

This patient information is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team – Tel: 0300 131 4731 or by email at:

eshtr.patientexperience@nhs.net

Hand hygiene

The trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.

Tel: 0300 131 4434 Email: esh-tr.AccessibleInformation@nhs.net

After reading this information are there any questions you would like to ask? Please list below and ask your nurse, practitioner or doctor.

Reference

The following clinicians have been consulted and agreed this patient information:
Dr Danielle Vidler – Consultant and Clinical lead Emergency Department CQ
Mr Utham Shanker – Consultant and Clinical lead Emergency Department EDGH

The directorate group that has agreed this patient information leaflet:
URGENT CARE

Next review date: December 2027
Responsible clinician/author: Emergency Department Consultants

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