

Ankle fractures – common questions answered

Department of Orthopaedics

Information for Patients

Produced: December 2025

Review: December 2028

Leaflet number: 1686 Version: 1

Content layout

[1. Overview](#)

[2. I have injured my ankle. Do I need an X-ray?](#)

[3. X-ray shows that I have broken my ankle. How is it treated?](#)

[4. Will I need surgery?](#)

[5. I have been told my ankle is too swollen to be operated at this time. Why?](#)

[6. How do I prepare for my operation?](#)

[7. I have had the surgery. Now what?](#)

[8. How do I look after my ankle at home?](#)

[9. The plaster has come off. Why is my ankle still stiff and weak?](#)

[10. Should I stop the exercises if my ankle swells or aches?](#)

[11. When can I walk without crutches?](#)

[12. Is there something I can do to help the fracture heal?](#)

[13. When will the swelling in my ankle go down?](#)

[14. When can I go back to work?](#)

[15. When can I go back to sports?](#)

[16. When can I start driving?](#)

[17. Contact details](#)

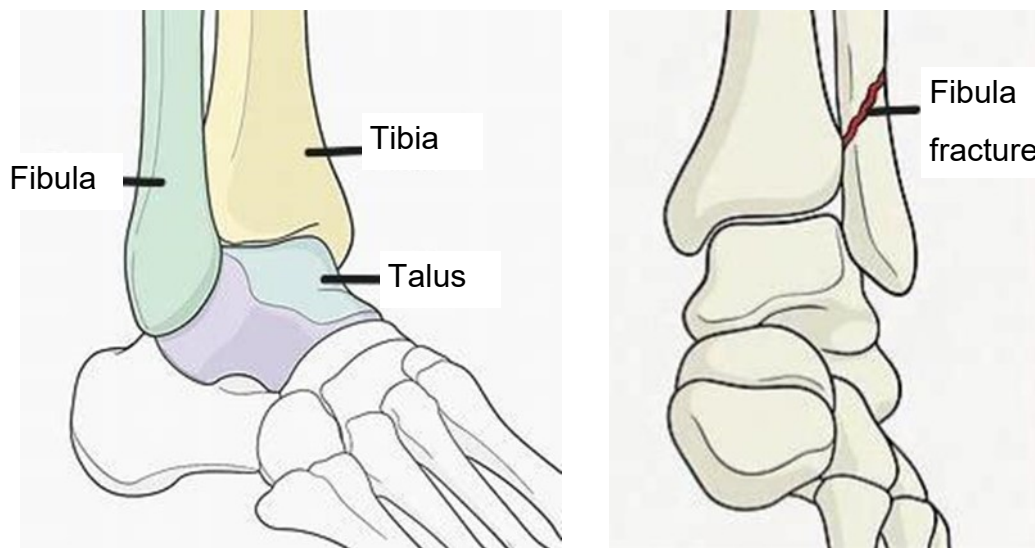
**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

Visit www.uhleicester.nhs.uk for maps and information about visiting Leicester's Hospitals.
To give feedback about this information sheet, contact uhl-tr.informationforpatientsmailbox@nhs.net

1. Overview

Fracture means a break in the bone. A fracture can be a small crack in the bone (undisplaced fracture). It may also be a break where the bone shifts out of place (displaced fracture). In some cases, the bone can shatter into pieces (comminuted fracture).

An ankle fracture can happen after twisting your ankle, falling, or from a direct knock on it. The tissues around the ankle like the ligaments, tendons, and muscles can be injured. This is even if the bones are not broken. When this happens it is called a sprain or strain. You can get a sprain along with a fracture as well.



The ankle joint is made up of 3 bones:

1. Shin bone (tibia)
2. Calf bone (fibula)
3. Ankle bone (talus)

The fibula is the most common bone to break in the ankle. If the tibia and talus are both injured, it can make the injury more unstable and complex to treat. In some unstable fractures, the talus may slip out of its position in the ankle. If this happens, the doctors will need to move the bone back into the right place as soon as possible.

2. I have injured my ankle. Do I need an X-ray?

Thankfully, most ankle injuries only involve the soft tissues, such as the ligaments. These are called sprains. The A&E and orthopaedic teams are well-trained to assess you for ankle fractures.

If we think you may have a fracture, we will send you to have an X-ray. If the X-ray shows no broken bones, there is a good chance that your ankle will heal without surgery.

Sometimes tiny chips of bone can be pulled off with the ligament (called avulsions). This can be sometimes reported as a fracture. We treat this the same way as ligament injuries.

If you did not have X-rays at the A&E and your pain has not gotten better in a few days, call your GP. They can help set up an urgent referral to our fracture clinic for a check-up.

Here are some X-rays showing ankle fractures. Some are simple to very complex fracture patterns.



3. X-ray shows that I have broken my ankle. How is it treated?

The treatment you need will depend on the type of injury you have. Here are the treatment options.



Some common treatments for ankle injuries: Cast treatment, Walking boot, and Surgery

Plaster cast: For the first couple of weeks, you may have a half plaster (called Backslab). This will allow for some swelling while still being in cast. We will then put on a plaster cast after the swelling goes down. This holds the bones steady while they heal. The cast can be made from plaster of Paris or fiberglass. Most people will have the cast for around 4 to 6 weeks.

Walking boot: This is a special boot (Aircast boot) that supports your ankle. You can often put weight on it if it feels comfortable and is safe to do so. You can use walking aids (like crutches or a cane) for added support.

Manipulation and cast: We may need to move the displaced bones back into the right position first. We do this whilst using medical gases or strong pain medicines. This helps with the pain. We then put on a plaster to keep the bones and joint stable while it heals.

Surgery: We may need to do surgery if the fracture is quite unstable, displaced, or open with a wound. We do this under full anaesthesia in the operating theatre. We often fix the bones with metal plates and screws. Sometimes we can use an external frame that stays around the leg.

4. Will I need surgery?

Thankfully most ankle fractures heal without surgery. We can often fix ankle fractures with cast or boot to stabilise the bones while it heals. The orthopaedic team will decide if you need surgery. This will be based on the fracture pattern, your general health, and your activity levels.



Here is an example of a complex, displaced fracture treated with surgery. The last picture shows a very swollen ankle fracture being treated with a circular (ring) external fixator.

You are more likely to need surgery if the fracture happens in more than 1 bone. You may also need surgery if the bones are badly out of place or the ankle is unstable. Other factors like diabetes, circulation problems, and your level of physical activity can also affect the treatment you get. Medical conditions such as kidney, heart, or lung diseases can affect your body's ability to cope with surgery and recovery.

5. I have been told my ankle is too swollen to be operated at this time. Why?

If your ankle is quite swollen, it is safer to wait a few days before having surgery. This gives the ankle time to settle. This helps to reduce the risk of wound problems after surgery. Your surgeon may delay the operation for a few days, or even a couple of weeks. Although waiting can be frustrating, it will not affect the results after surgery.



Here in the picture the ankle was too swollen to have surgery right away. It was first treated with an external fixator applied away from the ankle. Then a second surgery was done to fix the bone with plates and screws.

If your ankle tissues are very swollen or damaged, the doctor might apply a temporary frame around your ankle. This is called an external fixator. This helps the bones and joint stay stable, without having to operate on the swollen ankle area. When the swelling goes down and your ankle is ready, a second operation is done to fix the bones directly with plates and screws. In rare situations, your doctor may decide to leave the frame on until the bones heal.

6. How do I prepare for my surgery?

- At home, keep your leg elevated as much as you can. This will help the swelling go down. Try to rest with your toes level with your eyes. Only lower your leg when you really need to, like when having your meals. Applying ice packs can also help ease both the pain and the swelling. Make sure your plaster does not get wet.
- If you are on regular medications, the doctor or nurse will let you know which medicines you can continue as normal before surgery. They will also let you know of the medicines you should stop taking before surgery. It is important to let us know if you are on any blood thinners.
- Our trauma co-ordinators will let you know you when to come to the hospital for your surgery.
- **Do not eat anything for at least 6 hours before your surgery.** Do not eat chewing gum, chocolates, chips and other snacks before surgery.

- You can drink clear fluids (see-through and non-fizzy fluids) up to 2 hours before your surgery. After this you can have sips of clear water up to 170ml (a plastic cup) per hour. This is until you are taken to the theatre.

Before the surgery, you can talk to your anaesthetist about the best option for you.

7. I have had the surgery. Now what?

You might feel tired after anaesthesia. This is normal. Your ankle will most likely be protected in a plaster for 2 to 6 weeks. We will take you to ward. A physiotherapist in the ward will show you how to move with crutches safely. We will look at your risk of developing blood clots (known as DVT). We may give you blood-thinning medicine to help lower this risk.

Most patients go home the same day. If there are any concerns, or you do not feel well enough to go home, you may be kept in hospital overnight.

8. How do I look after my ankle at home?

Try to keep your leg up for at least 45 minutes every hour before surgery. Do this again for at least 5 days after your surgery. Rest with your toes at the same height as your eyes. Keep the ankle raised up on a couple of pillows at night.

If you have any of the symptoms below contact your GP or go the nearest A&E department:

- swelling or discharge from the ankle
- increasing pain
- fever
- feeling unwell

Keep moving your muscles. Even with the plaster on, you can exercise your leg to maintain strength:

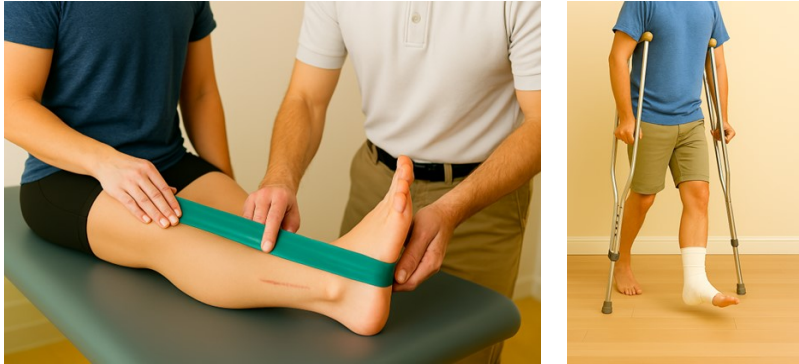
- Bend your knee up towards your chest.
- Straighten your knee and tighten your thigh muscles.
- Wiggle your toes as much as the cast allows.

You will get appointments for the Fracture Clinic. We will check your wound, review your progress, and may take X-rays to see how your ankle is healing. We may refer you to Physiotherapy to keep your ankle flexible and your muscles strong. Your plaster will be removed when the care team feels it is safe to do so.

9. The plaster has come off. Why is my ankle still stiff and weak?

It is normal to have some pain, stiffness, or discomfort after your plaster is taken off. Your ankle may feel weaker, as the muscles are a bit lazy from disuse. Your leg might also look different because of swelling, or muscle loss from not being used for a while. Joints get stiff when they have been injured and not moved for a period of time.

Walking and exercising can help ease stiffness naturally. Try gentle ankle movements and strengthening exercises as soon as you can. Taking painkillers as prescribed can make it easier to walk and do your exercises.



10. Should I stop the exercises if my ankle swells or aches?

It is normal for your ankle to get a bit more swollen and sore when you start doing exercises. Try to keep going. Stop if the pain is very severe. If any exercise hurts too much, try doing less or take a break for a bit. You can take over-the-counter pain killers. Speak to your GP if you need stronger medicines.

11. When can I walk without crutches?

When your cast is removed, the clinician will let you know how much weight you can put on your foot. They will do X-rays during your follow-up visits help check if your fracture is healing well. The doctor will let you know when it is safe to start putting more weight on your foot.

12. Is there something I can do to help the fracture heal?

Please read this leaflet carefully. Contact your healthcare team if you have any questions or need more help.

You can eat normally. There are no special diet rules or restrictions. Calcium and vitamin tablets are not essential. You can take vitamin D supplements (1000 units daily) which can help maintain your bone health. Taking vitamin C (1 gram daily) for 2 weeks can help lower the chance of getting a painful nerve condition called CRPS. This can happen after an injury or a surgery. These supplements are available over the counter, and you can use them alongside your regular treatment.

Smoking reduces blood flow to the tissues. This slows the healing process. Infections, wound and bone healing problems are much more common in smokers. You must stop smoking while you recover. Electronic cigarettes and nicotine gum are also harmful, however they are better alternatives to tobacco. If you need help to quit smoking, visit www.nhs.uk/better-health/quit-smoking/ or contact your GP or healthcare team.



13. When will the swelling in my ankle go down?

It is common for the swelling to last several months, or even up to a year. This is normal and does not mean there is anything to worry about. If you do notice sudden pain or swelling in your calf or thigh, go to the A&E straight away to make sure you do not have blood clots (DVT).

14. When can I go back to work?

This depends on your injury severity and what work you do. Ask your doctor at your fracture clinic appointment or your GP for advice. They will let you know if it is safe to return to work, based on how your bone is healing and what activities your job involves.

15. When can I go back to sports?

You should only return to sports when your ankle is fully recovered and has regained its strength. Full recovery can take anywhere from 2 to 6 months. This is different based on the injury and treatment. Always check with your care team before returning to contact sports, or any activity that puts a lot of stress on your ankle.

16. When can I start driving?

You can start driving again when:

- You are not wearing your boot anymore.
- You have regained enough strength and movements to safely control the pedals.
- You have practiced and made sure you can make an emergency stop.

Most people need 2 to 4 weeks after the plaster is off before they are safe to drive. This is different from person to person. It is also a good idea to let your vehicle insurance company know that you are fit to drive again.

17. Contact details:

Fracture Clinic Triage: **0116 258 5430**

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغةٍ أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل
જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।
Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email uhl-tr.equalitymailbox@nhs.net