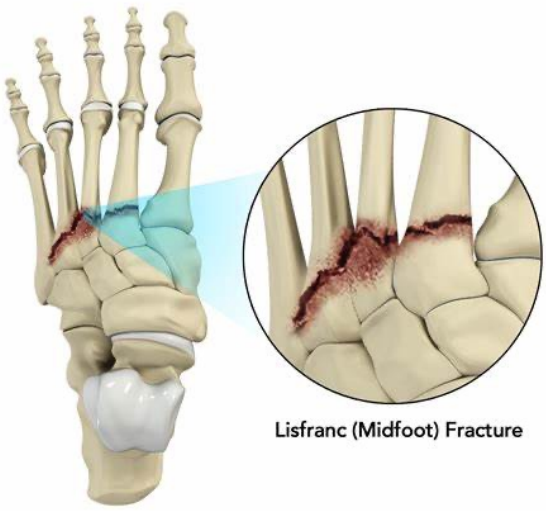
A Patient's Guide To Midfoot Fractures



1.What is a midfoot fracture and how does it happen?

A midfoot fracture is a break in the long bones of the foot. This can happen when you fall or twist your foot.

2. Why is it important to diagnose a midfoot fracture?

Midfoot fractures can extend into the joints of the small bones of the foot. This often needs to be further investigated to ensure that the joint surfaces have not been disrupted, or if there is any instability of the foot, commonly known as a Lisfranc injury.

3.Do I have to have surgery?

If the fracture does not disrupt the joints, this can be usually be managed in a cast or a walking boot, plus elevation and pain relief.

If the bone is very displaced, or the joint line is disrupted, then surgery may be considered depending on the severity of the injury and the age and fitness of the patient.

4. If I need surgery, when will I have it?

We may decide to operate immediately. More often we may have to wait for several days, as necessary, for the swelling of the foot to settle down; this helps to reduce problems with wound healing.

You may be able to wait at home for your surgery, keeping your foot elevated to help reduce the swelling. We will keep in touch with you regularly, regarding reviewing you and your swelling, and providing a date for surgery.

5.What are the risks for fracture surgery?

On the day of surgery your specific risks and benefits will be discussed.

The common risks are:

- **Infection**. If this occurs, you may need antibiotics or further operations.
- **Blood clots** in the legs (DVT) or lungs. You will usually need to have a daily injection to reduce this risk, and you will be encouraged to mobilise, once the surgery is over.
- **Delay in fracture healing**. Sometimes bones take longer to heal (delayed union) or do not heal at all (non-union). We will review you in the clinic to follow this up. In some cases, a further operation night be needed. Common causes include diabetes, smoking and circulation problems. We would recommend maintaining a healthy blood sugar level, stopping smoking (including vaping) and elevating the legs to reduce swelling.
- **Failure of the metalwork.** Sometimes this happens when there is loosening or breakage of the plates or screws. This can happen for many different reasons and may require a further operation. It is therefore vital to follow post-operative advice on weight-bearing.
- **Pain over the metalwork**. Sometimes people experience problems with the metalwork (e.g. prominence, discomfort or difficulty with footwear). We will review you in clinic and, if problems persist for more than six months after the surgery, we may discuss another operation to remove it. In the case of a Lisfranc injury in younger patients, we would often plan to remove the metalwork in order to obtain the best long-term function.
- **Arthritis.** Injury to a joint causes cartilage damage; this can lead to early wear-and-tear of the joint in the future. Although surgery can reduce this risk, by aiming to restore the normal bony structure of the foot, it cannot reverse the cartilage damage or entirely remove the risk of developing arthritis.

6. What happens after surgery?

Each patient and their injuries are different; the post-operative plan will depend on the severity of injury and surgery required.

You are likely to be in a cast for up to 6 weeks after surgery, usually non-weight-bearing on the injured foot, with crutches. After wound healing, the cast might be replaced by a removable boot, based on the surgeon's instructions. It may be up to 12 weeks before we can advise full weight-bearing without any support.

You will not be able to return to driving until you can safely perform an emergency stop – this may be anywhere from 2 to 4 months after the injury. With a left foot injury, you might return to driving sooner if you have an automatic car.

Returning to work depends upon your occupation; for example, office workers may return earlier than manual labourers.

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