

# Lisfranc Fracture ORIF

## INTRODUCTION

A Lisfranc injury is a bony and/or ligamentous disruption to one or more of the small joints of the middle of the foot (tarsometatarsal joints). Lisfranc injuries are a spectrum ranging from subtle midfoot displacement through to severe midfoot fracture-dislocations. The Lisfranc complex is the keystone to the arch of the foot, and in many cases requires open reduction and internal fixation to stabilise the midfoot and minimise the risks of arch collapse and post-traumatic arthritis.

## THE SURGERY

Lisfranc fracture surgery involves a number of steps:

- General anaesthetic and IV antibiotics
- Tourniquet around the thigh
- Incision/s over the fractures on the top of the foot
- Protection of underlying nerves and artery
- Restoration of normal anatomy
- Internal fixation with plates/screws/wires
- Check X-ray
- Closure of incisions with sutures
- Local anaesthetic block
- Surgical camboot (VACOCast)

## GUIDELINES FOR POST-OP RECOVERY

### HOSPITAL ADMISSION

- In hospital for 1 night
- IV antibiotics and Clexane injections

### FIRST 2 WEEKS

- Elevate foot and rest
- Strictly NON-WEIGHTBEARING in boot
- Mobilise with knee scooter/crutches/frame
- Boot and dressings to stay dry and intact
- Strong painkillers as required
- Aspirin 100mg per day
- Antibiotics for 5 days
- Wiggle toes to encourage circulation

### 2 WEEK POST-OP APPOINTMENT

- Review by nurse & removal of dressings and sutures

### WEEKS 3-6

- TOUCH-WEIGHTBEARING in boot
- Surgical boot on at ALL times, including in bed, except for physio/exercises & showers (seated with shower chair)
- Mobilise with knee scooter/crutches/frame
- Elevate foot when resting
- Aspirin 100mg per day
- Physiotherapy review (arrange first appointment for 2-5 days after the 2-week post-op check)
- **PHYSIOTHERAPY:**
  - General upper body, core, hip and knee exercises
  - Gentle active ankle plantarflexion/dorsiflexion and toe flexion/extension
  - NO midfoot rotational stress (avoid pronation/supination)
  - Soft tissue massage and scar mobilisation

### 6 WEEK POST-OP APPOINTMENT

- X-ray and review by Dr Zilko, r/o wires if present

### WEEKS 7-8

- FULL-WEIGHTBEARING as tolerated in boot
- Surgical boot on at all times during the day except for physio/exercises & showers (with shower chair)
- Can sleep out of boot at night
- Elevate foot when resting
- **PHYSIOTHERAPY:**
  - Commence partial weightbearing and progress up to full weightbearing as tolerated
  - Passive and active ROM of ankle, hindfoot and forefoot joints

### WEEKS 9-12

- **PHYSIOTHERAPY:**
  - Transition out of boot into normal supportive shoes
  - Gait re-training
  - Continue lower limb strength and conditioning

### 12 WEEK POST-OP APPOINTMENT

- X-ray and review by Dr Zilko

Removal of plates/screws after 6 months post-op.  
Return to most activities 6-9 months.  
Full recovery takes up to 12 months.

*Every patient's recovery is individual and depends on the severity of the injury and complexity of the surgery.*