

Tibial Plateau Fractures

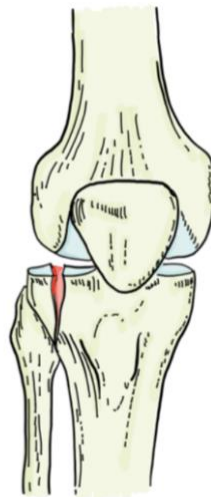
[Dr Jarrad Stevens Home Page](#)

Tibial fractures are relatively uncommon injuries. Some fractures can be managed in a plaster cast but most serious fractures of the tibia require surgery.

Dr Stevens will assess your injury and organise x-rays and scans if required. If surgery is needed, Dr Stevens will help guide you through the process as a successful outcome will require recovery and rehabilitation sometimes with physiotherapists. This type of fracture involves the knee joint. Surgery to get the joint as close to normal as possible is typically required.



Normal Tibia



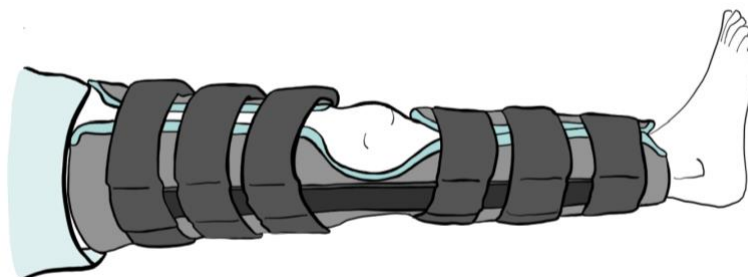
Fractured Tibia



Tibia fixed with surgery

A simple crack in the bone, while painful, will normally heal well. Dr Stevens will immobilise the leg and advise treatment with a cast or knee splint. Follow up x-rays will be required.

If the broken bone has moved too much or if there is instability of the knee, surgery to lock the bone back in place maybe the best option. This is normally done within few days of the injury. The leg may be too swollen to operate on and so a brace and leg elevation maybe required for up to one week.



Knee splint and elevation maybe required



Fractured Tibia



Scan showing fracture



X-rays showing healing

Once fixed, you may be able to begin to move the ankle and knee under the instruction of Dr Stevens. Placing weight on the leg will depend on the type of fracture you have and how it needed to be fixed.

A soft bandage and crepe will be placed over the leg following surgery. As the tissue and bone heal, a small amount of blood may appear on the dressings. This is normal. Sometimes, replacing the bandage is required to reinforce any areas that continue to bleed.

A Hinged knee brace may be fitted to give your knee stability, but also allow the knee to move.



Elevate the leg for the first few days following surgery. You may be placed on blood thinning medications such as aspirin to help reduce the risk of clots.

Discharge home: After your surgery you will stay in hospital overnight and potentially for a few days. You will be discharged with pain relief tablets.

Pain relief: After surgery it is normal to have some pain or discomfort. The amount of surgery you have had will influence how much pain you can expect and how long you will need pain relief for. You will be given pain relief tablets to take home with you when you leave the hospital. Take these over the next week or so as you need.

Looking after the Bandage: You will need to keep the bandage clean and dry. The Crepe and Soft Bandage can come off when they get loose. You may want to re-wrap your knee and leg, otherwise you can discard these bandages. Keep the dressings that cover your wounds dry for the first 2 weeks.

Movement after surgery: You can move your foot, ankle, and hip straight away after surgery. Your knee will slowly be able to bend in the days that follow your operation. You may experience some knee pain in the weeks following surgery.

It is a good idea to keep moving even after your surgery, it helps your blood circulation and stops your body getting too weak. Avoid any strenuous activity for the first 2 weeks, but gentle movement and walking with your crutches is advised.

When you are resting or sleeping try to keep the leg straight and elevated on some pillows.

Wound review:

After 2 weeks you will have an appointment with Dr Stevens to have your wound checked, any stitches will be removed. Dr Stevens will then give you advice on exercises and physiotherapy.

Driving: You cannot drive until you have had your first review appointment with Dr Stevens. He will give you an indication then when you are likely to be able to drive again

Returning to work: This depends on the type of surgery to the tibia you have had and the type of work you do. Most surgeries will need 2-6 weeks off work, some will require longer, especially if you have a manual job.

As with all surgery, there are risks with fixing your tibial fracture. These include infection, delayed healing or wound problems. Difficulty with pain and range of movement, injury to nerve and blood vessels may also occur. Sometimes, further surgery or surgery to removal the plate and screws is required. Because the fracture involves the knee joint, arthritis may occur in the future as a result of the injury and surgery.

- + Fever
- + Heavy bleeding or ooze from the wound
- + Increased swelling and redness around the surgery site
- + Pain in the calf muscles or difficulty breathing

If you have any of these problems, please call Dr Stevens or his rooms on **03 5752 5020**



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