DR. KAISEN YAO, MD

ORTHOPEDIC SPORTS MEDICINE SURGEON

Informational Packet

Ankle Fracture Fixation Surgery

Northwell Health
Department of Orthopedic Surgery & Sports Medicine

Dr. Kaisen Yao, MD

Welcome

This booklet covers what to expect before, during, and after ankle fracture fixation surgery, and outlines the first steps of your recovery. If you have not already, please register for Epic MyChart to view your appointments, message your care team, and access your records online.

Keep this packet somewhere handy in the weeks before and after surgery — it answers most of the questions patients ask us during recovery.

Meet Your Surgeon



Dr. Kaisen Yao, MD

Sports Medicine & Orthopedic Surgery

Dr. Yao specializes in sports medicine and orthopedic surgery of the knee, shoulder, elbow, and hip, with a focus on ligament reconstruction, cartilage restoration and preservation, arthroplasty, and orthopedic trauma and fracture care. He completed his sports medicine fellowship at the prestigious NYU Langone Health and his orthopaedic surgery residency — serving as Chief Resident — at Lenox Hill Hospital. During his fellowship, he also worked with several professional sports teams as a team physician, including the New Jersey Devils, Washington Commanders, and Jacksonville Jaguars. A former collegiate swimmer at Washington University in St. Louis, Dr. Yao brings an athlete's perspective to helping patients return safely to the activities they love. Outside of orthopedics, he enjoys golf, swimming, classical piano, exploring new restaurants, and traveling the world.

He sees patients at the following locations:

Lenox Hill Hospital
130 E 77th Street, 7th Floor
New York, NY

Astor Place
740 Broadway, Suite 604
New York, NY

Downtown Brooklyn
68 Flatbush Avenue
Brooklyn, NY
718-208-1440

Anatomy of the Ankle

The ankle joint (or mortise) is formed by three bones fitting closely together: the end of the shinbone (tibia) and the medial malleolus on its inner side, the fibula and its lateral malleolus on the outer side, and the talus below. Ligaments hold these bones in precise alignment so the joint can bear weight and move smoothly.

An ankle fracture occurs when one or more of these bones break, often from a twisting injury, fall, or direct impact, and frequently involves stretched or torn ligaments as well. Because even small amounts of malalignment in this tightly fitting joint can lead to abnormal wear and arthritis over time, fractures that shift the bones out of position generally require surgery to restore precise alignment.

Ankle Fracture Fixation Surgery

Open reduction and internal fixation (ORIF) is a surgery in which the fractured bone fragments are carefully realigned (reduced) and secured with plates and screws (fixation) while the bone heals. The specific hardware and approach depend on which malleoli are broken and the fracture pattern.

The goal is to restore the ankle mortise to its precise, stable anatomy so the joint can bear weight and move normally once healed, minimizing the long-term risk of arthritis.

Preoperative Instructions

1. **No tobacco.** If you use any tobacco or nicotine products, please stop. Tobacco use raises the risk of infection, blood clots, and a higher risk of the fracture not healing properly. Please stop at least 4 weeks before surgery and continue avoiding it through recovery.

2. You will be notified of your arrival time the day before surgery.

3. Do not shave the surgical ankle and lower leg for the 5 days leading up to surgery, if your surgery is scheduled in advance.

4. Wear loose-fitting clothing on the day of surgery — you will leave in a splint or boot and will be non-weight bearing initially.

5. Skip lotion, makeup, and deodorant on the day of surgery; some skin-prep solutions contain alcohol and can react with these products.

6. Nothing to eat after midnight the night before surgery (this includes gum, mints, and hard candy). A small amount of water is fine up until 4 hours before your check-in time. No dairy, juice, soda, or protein shakes starting at midnight.

7. Your first postoperative visit is usually scheduled 8–14 days after surgery. Starting physical therapy within the first week is important to protect your recovery.

8. Please schedule your first postoperative physical therapy visit before the day of surgery. Many clinics have a 1–3 week wait for new appointments, so book as soon as your surgery date is confirmed. Let our office know if you are having trouble getting scheduled.

9. If you take a GLP-1 medication (for diabetes or weight management), plan to hold it for 2 weeks before surgery due to delayed gastric emptying under anesthesia — please still confirm the exact timing with our office and your anesthesiologist.

Splint, Boot & Crutch Instructions

You'll leave surgery in a splint or cast that protects the fixation while swelling settles, generally transitioning to a removable boot around 2 weeks. You will be non-weight bearing on the surgical leg for a period afterward while the bone heals — typically around 6 weeks total, though this depends on your fracture pattern. Make sure your crutches are fitted properly: standing normally, there should be about two finger-widths between the top of the crutch and your armpit, with hand grips at wrist level and elbows slightly bent.

- Do not put any weight on the surgical foot until Dr. Yao specifically clears you based on X-ray healing.
- Keep the splint or cast completely dry at all times.
- Elevate the leg above heart level as much as possible in the first 1–2 weeks to control swelling.
- Bear weight through your hands, not your armpits, when using crutches — underarm pressure can cause numbness.
- Practice with your crutches before surgery if possible; it makes the first days home much easier.

Day of Surgery

What to expect: This is an outpatient procedure — you'll go home the same day. Plan to arrive about 2 hours before your scheduled surgery time and to be discharged 1–2 hours after the procedure ends.

Anesthesia & nerve block: Most patients receive general anesthesia (you'll be asleep) along with a regional nerve block (often a popliteal or ankle block) for pain control. The anesthesiologist uses ultrasound guidance to inject numbing medication around the nerves behind the knee or at the ankle. The block typically numbs the foot and ankle for 8–24 hours, though this varies by patient. Your anesthesiologist will review the details with you the morning of surgery.

Benefits of a nerve block include:

- Better pain control in the first day after surgery
- Lower risk of nausea, vomiting, and grogginess from general anesthesia
- Earlier ability to eat and drink after surgery
- Faster, smoother discharge from the surgery center

Postoperative Instructions: Weight Bearing & Walking

Your specific weight-bearing timeline depends on your fracture pattern and the stability of the fixation achieved during surgery — Dr. Yao will confirm your individualized plan and typically progresses weight bearing based on X-ray evidence of healing, usually starting around 6 weeks.

Until then, keep all weight off the surgical leg exactly as instructed — putting weight on the foot too soon is one of the most common causes of hardware problems or the fracture shifting out of position.

Resting & Sleeping

Sleep with the splint, cast, or boot on as directed, and keep the leg elevated on a pillow to help control swelling, especially in the first 1–2 weeks.

Bandages, Dressing & Bathing

A dressing covers your incision under the splint or cast — please keep it completely dry until your follow-up visit. Sponge bathe in the meantime, keeping the leg out of the water entirely.

If the splint or cast feels too tight, causes numbness, or becomes wet or damaged, contact our office so we can see you sooner if needed.

Pain Management

Some pain, swelling, and stiffness after surgery is normal and expected - the goal of our pain protocol is to keep you comfortable, not pain-free. Your specific prescriptions will be reviewed with you at discharge. Your standard medication plan is:

- **Celecoxib 200 mg** - take by mouth twice daily for 30 days.
- **Oxycodone (Roxicodone) 5 mg** - take by mouth as needed for pain, up to 4 times a day, for the first 5 days after surgery.
- **Acetaminophen (Tylenol) 500 mg** - take by mouth as needed for pain, every 6 hours.
- **Aspirin (chewable) 81 mg** - take by mouth twice a day for 30 days to help prevent blood clots.
- **Senokot-S (sennosides-docusate)** - take 1 tablet by mouth daily, starting the day of surgery, for 14 days, to help prevent constipation from the pain medication.

If you received a nerve block, remember it will wear off over the following 8-24 hours. Start your pain medication on schedule rather than waiting for the block to wear off, since pain is easier to prevent than to catch up on. Taking medication with food can reduce nausea.

Using a cold therapy unit for roughly an hour on, an hour off while awake can meaningfully reduce pain and swelling. If you don't have a cold therapy unit, regular ice packs work well too - use them as needed, with a thin towel between the ice and your skin.

Do not drive, operate machinery, or drink alcohol while taking narcotic pain medication. If prescribed antibiotics, complete the full course.

What's Normal During Recovery

Constipation. Pain medication and anesthesia commonly slow the bowels. Stay ahead of it by moving regularly, drinking plenty of water, eating fiber, and using a stool softener as directed.

Swelling. Some swelling near the surgical site is expected in the first couple of weeks. Elevate the area above heart level when possible and use cold therapy regularly.

Bruising. Bruising can appear around the surgical site and track along gravity's pull over the following days, typically 3–7 days after surgery, and will fade over time.

Low-grade fever. A mild fever (under 101°F) in the first couple of days is common. A higher or persistent fever, or worsening pain at the incision, should be reported to our office.

Blood clot precautions. Ankle fracture surgery carries a higher blood clot risk than most of our other procedures because of the period of non-weight bearing involved — moving your toes and hips frequently and following your weight-bearing progression closely helps reduce this risk. Seek urgent care or an ER evaluation for calf pain, worsening leg swelling, shortness of breath, chest pain, or a racing heartbeat.

When and How to Contact Us

Call our office if you experience:

- Pain that isn't improving with rest, medication, ice, and elevation
- No bowel movement for more than 72 hours despite laxatives/stool softeners
- A dressing that is soaked through with blood or fluid
- Shaking, chills, or a fever over 101°F

Practice number	718-208-1440
After hours / weekends	718-208-1440
Patient portal	Epic MyChart
Emergencies	Dial 911 or go to the emergency room at either Greenwich Village Hospital or Lenox Hill Hospital

Greenwich Village Hospital (Lenox Health Greenwich Village) — 30 Seventh Avenue, New York, NY 10011
Lenox Hill Hospital — 100 East 77th Street, New York, NY 10075

Exercises — Starting Day 1 After Surgery

Perform these gentle exercises as directed until your first physical therapy visit. Ankle-specific motion exercises typically wait until X-rays confirm early healing, per Dr. Yao's guidance.

Toe curls and spreads. While in the splint or cast, gently curl and spread your toes to maintain circulation. 10–15 reps, several times a day.

Knee and hip motion. Keep the knee and hip moving through their full range while the ankle is immobilized, to maintain overall leg strength and circulation.

Gentle ankle motion (once approved). Once directed by Dr. Yao, typically once you've transitioned to the boot, gently move the ankle within a comfortable, pain-free range.

Elevation. Keep the leg elevated above heart level when resting, especially in the first 1–2 weeks, to control swelling.

Frequently Asked Questions

When can I put weight on my foot?

This depends on your fracture pattern and is confirmed by X-ray, typically starting around 6 weeks — Dr. Yao will give you a specific, individualized timeline.

Do I sleep in the splint, cast, or boot?

Yes, until you're told otherwise at a follow-up visit.

How much pain should I expect?

Ankle fracture surgery is not pain-free. Expect meaningful discomfort for the first 1–2 weeks, improving steadily with elevation, ice, and medication.

How long will I need crutches?

Most patients use crutches for about 6 weeks while non-weight bearing, sometimes longer depending on fracture healing.

When can I drive?

Generally once you are off narcotic pain medication, out of the boot (for a right ankle), and cleared for weight bearing — usually not before 8–10 weeks.

When can I return to work?

Desk jobs: often within 1–2 weeks with the leg elevated, once off narcotics. Physical or labor-intensive jobs: typically 4–6 months, depending on the fracture and demands of your job.

When can I return to sport?

Return to sport depends heavily on confirmed fracture healing, typically a minimum of 4–6 months. We'll tailor this closely to your fracture pattern and healing progress.

How long will I need physical therapy?

Typically 3–5 months, focused on regaining motion, strength, and balance once weight bearing is allowed.

Can I get a disability/FMLA note?

Yes — ask at any pre- or post-operative visit, or call our office: 718-208-1440.

Rehabilitation Overview

0–2 weeks	Non-weight bearing in a splint or cast. Elevate and ice frequently. Toe, knee, and hip motion only.
2–6 weeks	Transition to a removable boot, remaining non-weight bearing. Gentle ankle motion may begin as directed.
6–12 weeks	Progressive weight bearing begins once X-rays confirm healing. Formal physical therapy typically starts around this point, focusing on motion and gait.
3–5 months	Continue strengthening, balance, and proprioception work as weight bearing normalizes.
4–6+ months	Return to sport and unrestricted activity, contingent on confirmed bony healing and passing strength/balance testing.

This is a general framework — your pace will be individualized based on your specific fracture pattern, the fixation achieved during surgery, and how your bone heals on follow-up X-rays. Your physical therapist and Dr. Yao will adjust this timeline together with you.