

# **Ankle Open Reduction and Internal Fixation**

## **Understanding Your Risks**

This document outlines the potential complications associated with **ankle open reduction and internal fixation (ORIF)**. This is a surgical procedure performed through incisions around the ankle to realign fractured bones and stabilize them using internal fixation devices such as plates, screws, or other implants.

The usual purpose of surgery is to restore alignment and stability of the ankle joint, promote fracture healing, reduce pain, and improve function, and to minimize the risk of long-term complications such as instability or post-traumatic arthritis in patients with displaced, unstable, or intra-articular ankle fractures.

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### **Risks:**

- **Persistent or recurrent ankle pain**
- **Incomplete fracture healing, delayed union, or nonunion**
- **Malunion or loss of fracture reduction**
- **Stiffness or loss of ankle motion**
- **Post-traumatic arthritis**
- **Infection** (superficial or deep)
- **Bleeding or hematoma formation**
- **Wound healing problems or skin breakdown**
- **Nerve injury** (including superficial peroneal, sural, saphenous, or tibial nerve injury)
- **Blood vessel injury**

- **Hardware-related complications** (loosening, breakage, prominence, irritation, or need for removal)
- **Tendon irritation or rupture**
- **Complex regional pain syndrome (CRPS)**
- **Need for revision surgery or additional procedures**
- **Medical complications** (deep vein thrombosis, pulmonary embolism, cardiac or pulmonary events)
- **Death** (extremely rare)

**Risk Factors for Increased Complications:**

- **Severe fracture pattern or dislocation**
- **Poor soft tissue condition or swelling**
- **Smoking or tobacco use, Diabetes or peripheral vascular disease**
- **Obesity, Advanced age, Osteoporosis or poor bone quality**
- **Noncompliance with weight-bearing or postoperative restrictions**

**Patient Acknowledgment:**

By signing below, the patient acknowledges understanding of the above risks associated with Ankle open reduction and internal fixation and all questions have been answered to the patient's satisfaction.

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

