Fractured Tibia and or Fibula
(Lower leg bones)

Contact details
If you have any questions or concerns please contact:

Advanced Nurse Practitioners on 023 8079 4991 or
Switchboard 02380 777222, ask for bleep 2641
or
Ward G3 on 023 8079 6486
or your GP

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☎ 023 8079 4688

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Advanced Nurse Practitioners
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What is a fractured tibia and/or fibula?
It is where one or both of the bones in the lower leg are broken.

How does this happen?
A fractured tibia and fibula is a fairly common injury of the lower limb in children.

The cause may be from indirect trauma, (a twisting force) or from a direct force.

What investigations are performed?
An X-ray will confirm the position and type of fracture. This helps the doctor to decide the best treatment.

Treatment
Your child may need a plaster cast, usually from their toes to above the knee to keep the broken bone ends in place. Sometimes only a half plaster is put on until the swelling at the fracture site has gone down. A general anaesthetic (medicine that makes you go to sleep) may be needed to realign the bones into a good position.

This is called manipulation under general anaesthetic. Very occasionally an operation is needed to internally fix the bones with either a metal plate, screw, wires or a flexible nail.

A plaster cast is normally put on after the bone ends have been put in the correct position.

If an operation is needed the Consultant will discuss the treatment options with you, including the benefits and risks of surgery.

Once the plaster is put on, your child will need to stay in bed for one to two days to allow the plaster to dry.

Their leg will be raised on pillows or a frame to reduce the swelling that occurs after a fracture.

If they have a half plaster (backslab), this may be completed to an all the way around the leg plaster (full cast) before they are discharged.

Painkillers will be given regularly to keep your child pain free.

A further X-ray will be taken to check the position of the bone ends before your child is discharged.

Your child may in plaster between 6-12 weeks in total. During this time the plaster may be changed (a separate leaflet is available to explain plaster care).

If internal metalwork is used to secure the bone ends, this may need to be removed under a general anaesthetic at a later date.

You will be told when this will happen at the outpatient appointment.

When will my child be ready to be discharged?
The physiotherapist will show your child how to move around non-weight bearing with either a frame or crutches.

You will be shown how to help them with this.

Younger children do not manage crutches and may need a wheelchair or buggy.

An outpatient appointment will be booked for one to two weeks, to check the plaster and to have a repeat X-ray to see how the fracture is healing.

You will be taught how to look after your child’s plaster and given a care of plaster information card. Your child will not be able to go to school until after the first outpatient clinic appointment.

The physiotherapist, occupational therapist and nurse will discuss any problems that may happen at home, for instance, the need for a wheelchair. You can get one from the British Red Cross. Please ask the staff for the telephone number of the nearest centre to your home.