

Short Communication

Psychological Dysfunction and Infected Outcomes Fraternized with Calcaneal Fractures

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ABOUT THE STUDY

Calcaneal fractures are also known as heel bone fracture. This is a rare type of fracture, but the results were debilitating. Traditionally, calcaneal rupture fractures were called "lovers fracture". This is because the injury occurs when the suitor jumps off her lover's balcony (axial load) and avoids detection. Calcaneus fractures are the most common fractured tarsal bones and are associated with high prevalence and disability. The calcaneus connects to the talus and cuboid bone. The connection between the talus and the calcaneus is the subtalar joint. This joint is important for normal foot function. Heel bones are often compared to hard-boiled eggs because they are thin and hard on the outside and soft and spongy bone on the inside. When the outer shell breaks, the bones tend to crumble and become fragmented. For this reason, calcaneal fractures are serious injuries. In addition, if a fracture affects a joint, it can have long-term consequences such as arthritis and chronic pain. Most calcaneal fractures are the result of traumatic events-most commonly, drops from height, for example falling from a ladder or from a car accident where the heel is crushed against the floorboard. Calcaneal fractures can also occur in other types of injuries, including ankle sprains. A few heel fractures are stress fractures caused by overuse or repeated loading of the calcaneus [1].

Calcaneal fractures may or may not be associated with subtalar and surrounding joints. Fractures involving joints (intra-articular fractures) are the most serious heel fractures and involve damage to the cartilage (the connective tissue between the two bones) [2]. The chances of healing depend on how badly the calcaneus is crushed during the injury. Fractures without joints (extra-articular fractures) include: Fractures caused by trauma such as fracture fragments. Fatigue fractures due to overuse or minor injuries. Surgery is performed under general anesthesia and takes about 2 hours. Surgical procedures are called open reduction and internal fixation and may include arthroscopic procedures. If the injury is minor, for example, Bone laceration

with mild muscle damage, normal activity may be resumed 3-4 months after surgery. However, if the fracture is severe, it may take a year or two to fully recover. Calcaneal fractures are usually painful and swollen immediately after injury. Fractures and swelling can cause a throbbing sensation where the fracture occurs. You can see the bubbles forming. Doctor will examine heels and feet and take an x-ray to see if it is broken. They also frequently undergo CT scans of the calcaneus to better look at the fractured bone. People are usually placed in a very well packed splint, boots, or partial casting to protect the fractured bone from further injury. Follow-up care should be booked with your orthopedist or your doctor [3,4].

An isolated calcaneal fracture usually does not require hospitalization. This is because surgery is often postponed until the swelling subsides, which can take weeks. The fracture may be displaced so that the fractured bone pushes the skin around the heel from the inside. This may mean that more urgent surgery is needed. In this case, a person can be hospitalized for surgery immediately. Not all calcaneal fractures require surgery; fractured bones take 34 months to heal with or without surgery. Even if surgery is not required, there are times when movement and weight load are restricted. Calcaneal fractures that benefit from surgery are often accompanied by fractures within the subtalar joint (the joint just below the ankle). The subtalar joint can move the foot left and right compared to the ankle, which moves the ankle up and down [5]. Surgery may be needed to correct. A person should discuss the benefits of surgery with your orthopedic surgeon for your particular injury and nonsurgical treatment. Surgery is almost always necessary when the bone has passed through the skin or is about to break through the skin. If surgery is required, an incision or "cut" is usually made along the outside of the foot, above the heel bone. Put the bone pieces back in place, use metal plates and screws to fit the bone pieces and hold them together until the bone heals. The surgical site is swollen and painful, so a person needs to stay off his feet for at least a few days. Excessive weight on the heel after surgery can delay healing [6].

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REFERENCES

- Rammelt S, Zwipp H. Calcaneus fractures: facts, controversies and recent developments. Injury. 2004; 35(5): 443-461.
- 2. Soeur R, Remy R. Fractures of the calcaneus with displacement of the thalamic portion. J Bone Jt Surg Br. 1975; 57(4): 413-421.
- 3. Maskill JD, Bohay DR, Anderson JG. Calcaneus fractures: a review article. Foot Ankle Clin. 2005; 10(3): 463-489.
- Essex-Lopresti P. The mechanism, reduction technique, and results in fractures of the os calcis. 1951-52. Clin Orthop Relat Res. 1993; 290: 3-16.
- Benirschke SK, Kramer PA. Wound healing complications in closed and open calcaneal fractures. J Orthop Trauma. 2004; 18: 1-6.
- Stang A. Critical evaluation of the Newcastle-Ottawa scale for the assessment of the quality of nonrandomized studies in metaanalyses. Eur J Epidemiol. 2010; 25: 603-605.