



## Risk Assessment of Surgical and Non-Surgical Treatments of Broken Leg Injuries

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### ABOUT THE STUDY

The legs are made up of bones, blood vessels, muscles, and other connective tissue. They are important for movement and standing. Sports, running, fall, or accidents can damage the feet. Common leg injuries include sprains and strains, joint dislocations, and broken bones (fractures). These injuries can affect the entire leg or just the foot, ankle, knee, or hip. Certain ailments also lead to leg problems. For example, osteoarthritis of the knee, which is common in older people, can cause pain and limit movement. Leg vein problems can lead to varicose veins and deep vein thrombosis. Pain and discomfort in the lower legs and feet can make it difficult to stand, walk, and perform many other essential activities of daily living.

A broken leg (broken leg) can be very painful, swollen, and bruised. Severe fractures are often treated with surgery to realign and stabilize the broken bone. Surgeons can fix bones with metal wires, plates, screws, or rods and these are usually left in place permanently unless they cause problems, while wires are removed 4-6 weeks after surgery. Sometimes a frame (external fixator) is attached to the broken bone with metal pins and held in place. It is removed after the fracture has healed. A cast may be worn after surgery to protect the leg. The thighbone (femur) is the strongest bone in the body. However, damage to the shinbone (tibia) or the bone that runs along the shinbone (fibula) may be less noticeable. Signs and symptoms of a broken leg include swelling, tenderness, bruise apparent deformity or shortening of the affected leg, unable to walk. Babies with broken legs may limp or stop walking without being able to explain why. Depending on a specific leg disease, there are various surgical and non-surgical modalities for treating diseases of the feet and lower extremities. However, some common foot and lower extremity surgeries include Bone Fusion and tendon repair.

As with surgical procedures, there are many non-surgical treatments available to treat foot and leg problems. These treatments vary depending on the condition. Some common treatments include anti-inflammatory drugs, exchange of shoes, fracture setting with closed reduction, cryo-therapy (wart removal), needle aspiration, Extracorporeal Shock Wave Therapy (ESWT), heat and cold treatments, oral medicine, physiotherapy, protective pad, steroid injections, and external medicines.

Some foot and lower-leg treatments, especially non-surgical therapies, have no recovery time. More invasive treatments will require a longer recovery period. The patient will be advised by the doctor about how much they should move their leg and how much weight they can put after a proper therapy. It takes around 6 to 8 weeks for a minor fracture to heal and the patient may probably need to use crutches or a wheelchair during this time until it's possible to put weight on the leg again. More serious fractures may take 3 to 6 months to fully heal also it may even take longer. Health care professionals may recommend regular physical therapy appointments to maintain or restore muscle strength, movement, and flexibility.

Pain relievers such as acetaminophen (such as Tylenol) and/or ibuprofen (such as Advil, Motrin IB) can reduce pain and inflammation. If the patient is having severe pain, the doctor may prescribe stronger pain relievers. After removal of the cast or splint, rehabilitation or physical therapy may be required to reduce stiffness and restore movement in the injured leg. Muscles in un-injured areas may even become tight or weak because the foot has not been moved for a long time. Rehabilitation can help, but it may take months or longer for serious injuries to heal completely.

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