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Learning to walk again after a broken ankle

Sustaining an injury which required surgery has been an eye-opening and humbling experience



Lee Yulin
Sports Editor

I had planned to mark my 50th birthday this year by running my first marathon. Instead, I now find myself learning how to walk.

I broke my ankle in March in an accident, which turned what should have been a three-second short cut into three months of hell.

My patio is lined with an 80cm-high stainless-steel barricade to prevent my dogs from charging at the main gate. I decided to cross over it instead of going around it.

The slipper on my right foot got caught at the top of the barricade and I tried to give myself more elevation to clear the fence by going up on my left foot, pointing my toes like a ballerina.

Alas, I was given a painful reminder of why my parents stopped my ballet classes early as I lost my balance and my left ankle snapped backwards, causing me to fall in a heap.

I clutched my ankle upon hitting the ground and, at that moment, realised that I was experiencing my very own Harry Potter moment.

Unfortunately, the suffering did not stop at the operation. I had needed help with everyday tasks such as bathing and dressing, fetching a drink and switching on a ceiling fan and it has been a humbling experience.

BIONIC ANKLE
I had fractured three essential parts of the ankle joint – the lateral malleolus, the posterior malleolus and the medial malleolus – and my injury was classified as a trimalleolar fracture dislocation. Fortunately, my orthopaedic

surgeon, Dr Anandakumar Vellasamy, has significant experience dealing with such injuries. A foot and ankle sub-specialist at Sengkang General Hospital, he had trained in Switzerland, where skiers sometimes suffer similar injuries when they fall.

If only my fall were as glamorous. Some newsmakers had assumed that as the sports editor at The Straits Times, I had injured myself during sports. The embarrassment of the explanation has proven to be only slightly less painful than the actual injury.

Dr Anandakumar explained that while a trimalleolar fracture dislocation is not the most serious type of ankle injury, it was “slightly complicated in two aspects”.

First, a fracture dislocation of the ankle can compromise the soft tissues surrounding the ankle, leading to skin necrosis at pressure points and, in severe cases, disrupt the blood supply and cause nerve injuries, he said.

This made it important to fix the dislocation as soon as possible to prevent these complications.

Second, a trimalleolar fracture involves a joint and it is important to restore a joint as much as possible to its correct anatomic alignment to avoid long-term complications such as arthritis and decreased function.

I underwent a four-hour operation to repair the joint, a procedure Dr Anandakumar likened to “putting a jigsaw puzzle together”.

And so my latest “accessories” are four titanium plates with screws, which help to re-align and stabilise my ankle.

FEAR AND FRUSTRATION

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The living arrangements in my home had to be re-organised, with my dogs cast out of my bedroom because there was a risk of me tripping over them. I do not know who was more miserable – me or them.

Besides the physical inconvenience, it has also taken a toll on me mentally and emotionally.

I can now walk around the house unaided, but I resemble someone who has had one drink too many. And I worry that I will never walk normally again, let alone run.

There is also guilt. My friends and I love to dine out and we used to frequently set off on various foodie adventures. While this practice has resumed after being temporarily curtailed during my recovery, our choices have been largely limited to restaurants and buildings that are wheelchair-accessible and disabled-friendly. And the options are not plentiful.

There is frustration. On the few occasions that I have left the house and been transported in a wheelchair on an outing, I have come to understand some of the issues our disabled countrymen face.

Outings have had to entail a logistical check for lifts, ramps and easy access, which is often lacking.

My office, for instance, has few sliding doors. To get into the ST newsroom requires me to tap my electronic pass and then use one hand to swing open a heavy glass door while balanced on my pair of crutches. Office services, I hope you are reading this.

I can drive now, but getting in and out of the car is tricky as I need more space to move either on my crutches or wheelchair. Without a label that allows me to park in a space for the disabled, I need to find spots that are either extra wide or designed for parallel parking. Again, the options are few.

There is disappointment. Like when my family took me to visit Jewel Changi Airport. It is Singapore's latest crowning glory, yet the lack of graciousness on display made me realise we still have far to go as a nation.

Obviously, it was crowded, but I was alarmed at the number of people who nearly walked into me and my foot because their eyes were glued to their mobile phones as they walked around.

Worse was how many refused to give way or hold the lift. There was even one parent who tried to cut the lengthy queue for the lift



An X-ray shows the four titanium plates in Ms Lee Yulin's left ankle.
PHOTO: SENGKANG GENERAL HOSPITAL

despite having two people in wheelchairs in the line ahead of him. What a role model he was for his two young children.

INDEBTEDNESS AND INSPIRATION

But there is also gratitude. I am indebted to my colleagues at the Sports desk, who have had to step up to the plate and cover my duties for the last few months.

And to my editors for allowing me to work from home until I am more mobile.

I am grateful to the newsmakers who heard of the accident and came to cheer me up in hospital. Their presence was a panacea to the boredom that engulfed me while I was stuck in a hospital bed for 13 days.

There is inspiration. Athletes have been the lifeblood of my career as a sports journalist and stories of them overcoming injury and setbacks have always fascinated me. Now, I also draw courage from them.

Last, but not least, there is love. When family and friends set aside time to visit, run key errands such as sending my car for servicing and inspection, helping with grocery shopping, and taking me on outings when I had cabin fever, I know I am loved.

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GENERAL TIMELINE FOR RECOVERY

The typical recovery period for trimalleolar ankle fractures is about eight to 12 weeks, said Dr Anandakumar Vellasamy, an orthopaedic consultant at Sengkang General Hospital.

Weeks one to two: Focus is usually on management of the wound and swelling.

Weeks four to six: Emphasis is on a combination of gradual weight-bearing and strengthening exercises prescribed by physiotherapists.

Weeks 10 to 12: Most patients would usually be able to walk independently without aids. However, Dr Anandakumar noted that some may take longer, depending on the severity of their injuries. But “with continued rehabilitation and stretching exercises, all patients will be able to walk independently soon enough”.

Four to six months: After a period of focused strengthening and rehabilitation, one can return to physical activity such as running and contact sports.

Dr Anandakumar said: “Recovery is multifaceted and, most importantly, I believe a positive mindset is essential.”

“A healthy diet rich in calcium and essential vitamins will also aid the recovery process, not to mention adequate sunshine for vitamin D.”

“Doing weight-bearing exercises early also stimulates bone healing. However, this is best checked with your surgeon, who will give you the final go-ahead.”

WHAT I LEARNT

I am no medical expert, but here are the insights I have gleaned from my journey of recovery.

• Don't be afraid to ask your doctor

I had never suffered such a severe injury before, never undergone a major operation and I was panic-stricken on some days.

But with knowledge comes empowerment and as Dr Anandakumar explained every step of my journey clearly – my injury, surgery process and recovery – I grew calmer because I knew what lay ahead.

• Your physiotherapist is your best friend

It is human nature to want to avoid pain at all costs, but discomfort is inevitable during rehabilitation. Your physiotherapist plays a key part because he will push you to your limits and possibly even help you break new ground. When I started my rehabilitation, there were many things I did not think I would be able to do because it was painful, but with the therapists insisting, I got there eventually.

• Watch your weight

Sitting or lying down for weeks is a sure-fire recipe for weight gain. I have managed to deal with this by reducing my intake of rice and other carbohydrates drastically, but maintaining and even increasing my consumption of protein, fruit and vegetables.

• Work your rehabilitation into your day

When I was on medical leave, I was disciplined and diligent about my rehabilitation, working various parts of my body and ankle regularly throughout the day.

Exercising regularly is a must because the muscle loss following such an injury is swift. By the fourth week, I was shocked to find that my calf and thigh muscles on my left leg were half the size of my right leg's.

But when I started working again, even from home, my rehabilitation was put on the back burner.

A friend suggested setting an alarm on my mobile phone to remind me to exercise and, now, I am back on the bandwagon.

Lee Yulin