ACHILLES REPAIR

SURGERY INFORMATION

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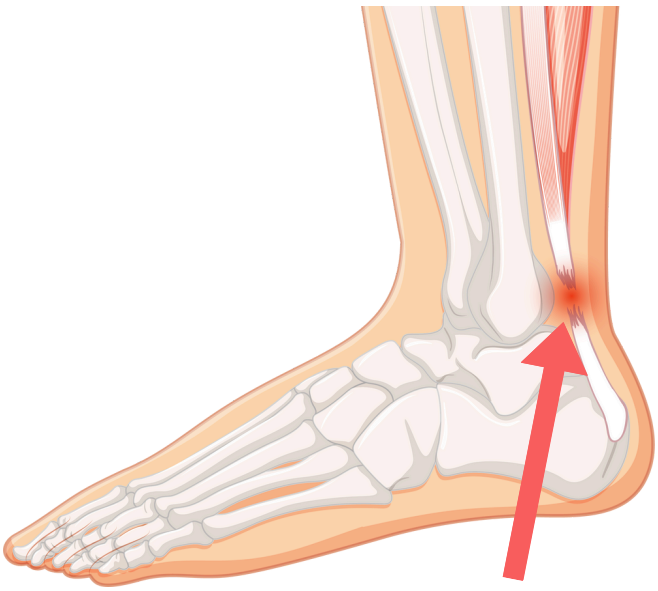
THE SURGERY

- The surgery involves one long incision over the site of the achilles tendon
- The achilles tendon ends are identified and sutured together
- The tube of soft tissue surrounding the repair (paratenon) is closed over the repair
- The wound is then closed and a boot with 3-4 wedges is placed



Picture of an achilles tendon rupture

THE HOSPITAL STAY

- You wake up with bulky bandages and a **post op boot with 3-4 wedges**
- Your foot will be elevated overnight, and you have antibiotics through a drip
- You will blood thinning medication to prevent clots and vitamin C for wound healing
- You will be able to touch your foot to the ground only
- Buying a second hand **knee scooter** pre operatively (can search online) and practicing at home before the surgery, can be helpful; please bring it into the hospital with you. It is easier to use a knee scooter than crutches

WHEN YOU GO HOME

- You will need **medications for** pain relief; regular paracetamol (1000mg four times a day) is recommended, as well as **strong pain killers,** especially at night before bed. These can have **side effects** of drowsiness, nausea and constipation, and other tablets to help with these side effects may be required.
- You will need antibiotics until the wound heals
- You will need blood thinners to **prevent blood clots** and **vitamin C** daily
- You will need a shower chair and bags to keep the **boot dry**
- You will need to attend your post op appointment in 2-3 weeks where the wounds will be checked
- After this you will be able to shower with a shower chair as long as your foot is pointing to the ground

REHABILITATION

All patients are different. These timelines are only a guide, and some patients may progress faster or slower than others.

ACHILLES REPAIR

0-2 weeks	• You will be in a **boot with 3-4 wedges** • You will only be allowed to **touch your foot to the ground** for balance. • You will need to bag the leg for showers • **Pain relief:** Please take regular paracetamol with meals and before bed; you may need stronger pain killers as well, especially before bed • Please take **antibiotics, blood thinners and vitamin C** as prescribed
2-4 weeks	• **Post op appointment for a wound review** • You will then go back into the boot with 3 wedges to wear at all times except for showering • You can take the boot off for **showers** to sit on a shower chair and keep the foot pointed down • You can start **partial weightbearing** in the boot (20-50% of body weight) • You can start physio for isometric calf strengthening, hip and knee strengthening and leg lifts with the boot on
4-6 weeks	• You can **remove 1 wedge per week out of the boot** • You can graduate from 50% body weight to **full weight bearing** in the boot • You can start active theraband inversion and eversion exercises below neutral with physio
6-8 weeks	• You can **weightbear as tolerated** in the boot **without wedges** • Active plantarflexion and dorsiflexion to neutral (pain free) and continue resisted inversion/eversion with foot in neutral • Commence propropception training
9-12 weeks	• You can wear **normal shoes** if you are able to fit into them (may still have swelling) • You can range the ankle past neutral with **physio**
3-6 months	• You can progress strengthening and range of motion with pain free double leg heel raises with **physio** • From 4 months, light jogging can commence if there is no pain • You can walk **bare footed**
6-12 months	• When the leg feels back to normal and the same as the other leg, you can start sport specific training and heavy labour work

WHEN CAN I RETURN TO WORK/SCHOOL?

- Seated work 4-6 weeks
- Prolonged standing 10-12 weeks
- Heavy labour work 9-12 months

WHEN CAN I RETURN TO SPORT?

- Start sport specific training at 6-8 months
- Return to sport when leg same as the other side (9-12 months)

WHEN CAN I DRIVE?

- Left foot 3-6 weeks (if driving an automatic car)
- Right foot 10-12 weeks

WHAT CAN GO WRONG?

- Anaesthetic problems
- Wound/scar problems
- Nerve/tendon/vessel injury
- Blood clots
- Infection
- Stiffness
- Re-rupture
- Ongoing pain/swelling
- Chronic Regional Pain Surgery
- Further surgery

CONTACT

If you want more information, or have any questions or problems, please contact Dr Graff on **admin@christygraff.com** or please call the rooms on **0493 461 133**