INSERTIONAL ACHILLES TENDINOPATHY



SURGERY INFORMATION



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THE SURGERY

- The surgery involves an incision over the achilles insertion the bone spur and bursa are removed
- A wedge of bone is removed from the calcaneum and the calcaneum is shortened to offload the achilles; the calcaneum is then fixed with a screw
- A tendon transfer is performed to improve strength and blood supply to the repair, and help the degenerate achilles to heal



MRI scan showing insertional achilles tendinopathy with an inflamed bursa

THE HOSPITAL STAY

- You wake up with bulky bandages a **boot**
- You will stay in hospital overnight, with your foot elevated and you have will have antibiotics through a drip
- You will blood thinners to prevent DVT and vitamin C to help with wound healing and pain management
- You will be only allowed to touch your foot to the ground for 2-3 weeks
- Depending on your balance and strength, you may need rehabilitation post operatively
- 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
- You will need to take antibiotics until the wound heals
- You will need blood thinners and vitamin C daily for 6-8 weeks
- Please leave all dressings intact until your post op appointment
- You will get an appointment for your post op appointment in 2-3 weeks where the dressings will be taken down
- After this you will be able to shower normally and pat the dressings dry

REHABILITATION

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

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0-2 weeks	 You will be in a boot 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 check You will then go back into the boot but can remove it for seated showering and physiotherapy You can start partial weightbearing in the boot (20-50% body weight) Physio for isometric calf strengthening, hip and knee strengthening and leg lifts, and active range of movement below neutral with physiotherapy
6-8 weeks	 Post op appointment to assess range of motion You can weightbear as tolerated in the boot without wedges Physiotherapy for active plantarflexion and dorsiflexion to neutral, resisted inversion/eversion with foot in neutral, and proprioception training (pain free)
9-12 weeks	 You can wear normal shoes if you are able to fit into them (you may still have swelling) You can range the ankle past neutral with physiotherapy

3-6 months	 You can progress strengthening and range of motion with pain free double leg heel raises with physiotherapy 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 4-6 months
- 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 2-3 weeks (if driving an automatic)
- Right foot 8-12 weeks

WHAT CAN GO WRONG?

- Anaesthetic problems
- Nerve injury
- Blood clots
- Infection
- Stiffness
- Rupture
- Ongoing pain
- 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