

Achilles Tendon repair for an acute rupture

Surgery is performed under general anaesthetic, usually as a day case. The procedure takes 30 minutes.

Technique

A 5cm incision is made along the inner side of the tendon. The torn tendon is exposed and the 2 ends are strongly stitched together so that there is the correct amount of tension. There is usually a very small tendon that runs alongside the Achilles which almost invariably remains intact. Sometimes this can be confused by the inexperienced examiner with a partial rupture of the Achilles (which is very rare).

The skin is then stitched and a below knee backslab is applied with the foot pointing downwards 20-30°.

Risks

All surgery carries potential risks. The risks are minimised by having the surgery meticulously performed by an expert in foot and ankle surgery. Risks include

Pain, swelling, and bruising - will occur to some degree following all foot and ankle surgery

Infection - approximately 2% in our unit

Blood clots (thrombosis) - treatment to reduce this risk will be provided if required

Numbness - can occur over the outer border of the foot, and usually improves over time

Stiffness - this improves over time and helped by physiotherapy

Scar sensitivity - can be improved with scar massage

Re-rupture - approximately 5-8%

Discharge advice following Achilles Tendon Repair

Dressings

Your leg has been dressed with a below knee backslab. This should be left in place until you are seen at your first follow-up appointment after 2 weeks. The plaster must be kept clean and dry.

Elevation

It is very important that you rest as much as possible and keep your foot elevated for the first 48 hours after surgery. Try to avoid letting it hang down when sitting as this will lead to swelling and pain. This is most apparent within the first 2 weeks but swelling may occur for up to 6 months after surgery, especially after sitting or standing for long periods. In bed, put the foot on a pillow.

Analgesia

You will receive a prescription for pain medication on discharge. Pain is often due to swelling, and this is eased by rest and elevation of the foot.

Walking

You should not put any weight on the leg for 2 weeks. A physiotherapist will show you how to use crutches.

Follow-up

You will be reviewed approximately 2 weeks at which time the plaster and the sutures will be removed. At this stage a walking brace which has a hinge which be applied. The brace will allow the ankle to move from 15-45°

downwards for 2 weeks, when you will be reviewed again. It is slightly awkward walking with your foot down but you can put as much weight on the boot as you like. You will be reviewed 2 weeks later to change the movement in the boot to allow it to come to neutral and also fully bend down. At this stage it is easier to walk fully weight-bearing and you will probably be able to stop using crutches. At this stage you can also take the boot off in bed. You will be seen 4 weeks later, a total of 8 weeks after the operation, to start physiotherapy. You can discard the boot when the physiotherapist feels that you have enough strength in your calf.

Driving

You should not drive a manual car for at least 8 weeks following surgery. After this you should start gradually, to see if you are comfortable. It normally takes a few days to feel confident. If you have an automatic car and have only had the left Achilles operated upon then you may drive after 2 weeks.

Work

If you have an office based job then it may be possible for you to return after 2 weeks however it is more advisable to return after 8 weeks. If you have a more physical job then it may take 12-16 weeks.

Recovery

It is usually possible to start light jogging after 12 weeks and return to normal sports by 6 months. The Achilles is usually thickened after surgery and while this may reduce slightly with time it is normal for it to remain slightly thicker than the other side. Therefore this should not be a cause for concern.

For more information please contact us:
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