

Surgery for Achilles Tendon pain

Surgery is performed under general anaesthetic and it is usually necessary to stay for one night after the operation. The procedure takes 60-120 minutes depending on the severity of the condition and the need to transfer tendons.

Technique

A 6cm incision is made along the inner side of the Achilles tendon. There is a sheath of tissue surrounding the tendon which is opened, and any inflamed tissue is removed from this lining. The tendon is then opened along its length and the degenerative tissue is removed. The remaining tendon and the sheath are then repaired. The skin is then stitched and a below knee backslab is applied.

If the degeneration is so severe that a segment of tendon has to be excised or the remaining tendon is so weak then it is necessary to reinforce the tendon with another that runs close by.

If you have an abnormality of the heel bone at the insertion of the Achilles this will be removed at the time of the operation.

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

Tendon rupture - rare, and if the risk is felt to be high, then a tendon transfer will be performed as described above.

Discharge advice following Achilles Tendon Surgery

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 boot will be applied and you may

walk with as much weight through the boot as you like. You will be reviewed again 4 weeks later to remove the boot (if you have just had a decompression) and to start physiotherapy. You can discard the boot when the physiotherapist feels that you have enough strength in your calf. If you have needed a tendon transfer it will be necessary to wear a different boot that allows the foot to point downwards and the boot will need to be in place for slightly longer. You can still take as much weight on the boot as you like.

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 6-8 weeks if you have had a decompression. If you have a more physical job then it may take 12 weeks. After a tendon transfer procedure return to work will be several weeks longer.

Recovery

It is usually possible to start light jogging 12 weeks after a decompression and return to sport is normally possible, but certainly not guaranteed, by 6-9 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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