

Achilles Tendon Repair

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The aim of surgery is to reduce pain, improve function, improve overall quality of life and mobility. Overall success rate is 95%.

What to Expect

- 2 weeks of swelling and discomfort requiring significant pain killers
- 6-12 weeks for reasonable recovery
- 6-12 months for a good to full recovery

Possible Complications of Surgery

- Wound infection
- Deep vein thrombosis (DVT)
- Nerve injury
- Failure of the repair
- Revision surgery
- Heart attack
- Chest infection
- Pulmonary embolism

Risks

- 5% chance of minor complication
- 0.5-1% chance of serious complication
- Risk of dissatisfaction with the outcome of surgery

Post Operation Wound Care

- Keep wool and crepe bandages on for 24 hours after the operation.
- Keep wounds clean, dry and covered for 2 weeks or until the wound is completely healed. If the dressings get soaked through, they will need to be changed.
- Do not soak the incision (ie. bath or pool) until the wound is completely healed.
- Mr Spencer mainly uses dissolvable stitches.
- If you have any concerns about your wound please contact Mr Spencer's rooms.

After your Achilles Tendon Repair: A Rehabilitation Guide

The time frames below are approximate, vary between individuals and are best guided by Mr Spencer or your Physiotherapist. Exercises should be performed within pain and comfort. Notes below in italics are guidelines intended for your Physiotherapist.

Week 1-6

- Do not weight bear on your operated leg and use crutches until the ankle reaches "plantargrade" (which is when the ankle reaches a 90 degree angle).
- Continue to use crutches when walking during the "boot wearing period".
- Wear a specific adjustable boot for the 3-4 months following the operation. This boot is fitted at the 1-3 week appointment post operation. There is a cost associated with the boot. Please bring in the shoes that you plan on wearing on your opposite foot whilst in the boot, to the appointment.
- The rate of adjustment of the boot is approximately 7.5 degrees (or one notch) every 5 days, until plantargrade is reached. Your heel should be well back in the boot and it should be comfortable. If you are unsure about adjusting the boot please contact Mr Spencer's rooms.
- Sleep with the boot on until you feel confident to take it off at night (normally approximately 4-6 weeks).
- Rest and elevate the leg throughout the day to minimize swelling. The best elevation is lying down with the foot higher than the level of the heart.
- Maintain general fitness, strength and flexibility by exercising/using weights (excluding operated ankle). During this time period, you can use a stationary bike with your unaffected leg only. Ask your Physiotherapist for specific guidelines on a maintenance exercise programme tailored to you.

Week 6

- Once plantargrade is reached you are able to weight bear (as you are able to), through the boot. Try to maintain a good walking pattern with feet pointing forwards. You may need to use a heel lift in the opposite shoe if there is a large height difference between your shoe and boot.
- You can use a stationary bike with your boot on your operated leg, pushing through your heel on the affected leg.
- *Ankle range of movement exercises (not past plantargrade).*
- *Isometric exercises for ankle (not past plantargrade).*
- *Mobilise subtalar and ankle joint as required.*

Week 8

- *Gradual strengthening programme* for ankle through range (not past plantargrade). Do not overload the Achilles Tendon in first 3 months.
- Continue range, strength, proprioception and weight bearing exercises for the ankle and foot as required.

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Week 12

- Wean off the boot between 3-4 months as instructed by Mr Spencer. Weight bearing should be pain free. Gradually increase your weight bearing tolerance.
- Once out of boot, begin a walking programme as guided by your physiotherapist. This should be within pain and comfort, initially on a soft surface and gradually increased with rests as required.
- *Achilles stretching (If required) using antagonist (dorsiflexors) muscle group. Do not over stretch.*
- *Progress to single limb proprioception as able, remove visual input as able.*
- *Gradually progress Achilles strengthening with concentric and eccentric exercises as able.*
- *Progress Stationary bike from heel to toe pushing as able to do.*
- *Rowing machine.*
- *Swimming, no fins.*

4 Months +

- *Hopping, skipping, sports specific drills, swimming, stepper, single leg wobbleboard as able, leg press, theraband resistance.*
- *Progress to jogging programme as able. Initially alternate walk/jog and increase jog component, then jog/run over time. Work in a straight line initially. It is best to have good proprioception and good knee control with a jump, land, single squat before beginning jogging. Progress speed and duration slowly as able.*

6 Months +

- *Sport and activity specific rehabilitation (as required) such as: dynamic control, change in direction with push off (start slow speed), COG and BOS sport specific exercises, figure 8 running, interval training with sprints, variable pace, backward running in safe environment.*
- *Progress concentric and eccentric loading exercises for achilles.*
- *Non-competitive sporting activities.*

9 Months +

- Return to sport (Discuss further with Mr Spencer).
- It can take up to a year to make a full recovery, and it is not unusual to have intermittent pains and aches during that time. There is a risk of re-rupture when landing from a height.