Guidelines for patients having

Achilles Tendon Repair

ORTHOPAEDIC UNIT: 01-293 8687 /01-293 6602
UPMC BEACON CENTRE FOR ORTHOPAEDICS: 01-2937575
PHYSIOTHERAPY DEPARTMENT: 01-2936692

Last Updated May 2011
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Introduction

This information booklet has been written to give you and your family a basic understanding of what is involved when you require an Achilles Tendon Repair.

In this booklet we provide information, including things you should know before and after your operation. It is important for you to understand the advantages but also the possible problems, which may occur after this surgery.

Throughout your stay in UPMC Beacon Hospital, you will receive continuous advice and support from all members of the team.
What is Achilles Tendon Repair?

The Achilles tendon is an important part of the leg. It is located just behind and above the heel. It joins the heel bone to the calf muscles. Its function is to help in bending the foot downwards at the ankle (this movement is called 'plantar flexion').

If the Achilles tendon is torn, this is called an Achilles tendon rupture.
What causes a Ruptured Achilles Tendon?

As with any muscle or tendon in the body, the Achilles tendon can be torn if there is a high force or stress on it. This can happen with activities which involve a forceful push off with the foot. The push off movement uses a strong contraction of the calf muscles which can stress the Achilles tendon too much.

The Achilles tendon can also be damaged by injuries such as falls, if the foot is suddenly forced into an upward pointing position - this movement stretches the tendon. Another possible injury is a deep cut at the back of the ankle, which might go into the tendon.

Sometimes the Achilles tendon is weak, making it more prone to rupture. Factors that weaken the Achilles tendon are:

- Corticosteroid medication (such as prednisolone) - mainly if it is used as long-term treatment rather than a short course.
- Corticosteroid injection near the Achilles tendon.
- Older age (60 years onwards).
- Certain rare medical conditions such as Cushing's syndrome, where the body makes too much of its own corticosteroid hormones.
- 'Tendonitis' (inflammation) of the Achilles tendon.
- Other medical conditions can make the tendon more prone to rupture: rheumatoid arthritis, gout and SLE (lupus).
- Certain antibiotics may slightly increase the risk of having an Achilles tendon rupture. These are the 'quinoine' antibiotics such as ciprofloxacin and ofloxacin. The risk of having an Achilles tendon rupture with these antibiotics is actually very low, and mainly applies if you are also taking corticosteroid medication or are over age 60.

How common is Achilles tendon rupture?

It affects about 1 in 5,000 people at any one time.
Achilles Tendon Repair

The Surgery

You have just had your Achilles tendon surgically repaired. This involved the surgeon sewing together the torn ends of the Achilles tendon, and perhaps also using another tendon or a tendon graft to help with the repair. A plaster cast or brace is needed after the operation for about 8 weeks, to protect the tendon while it heals. The plaster or brace is positioned so that the foot is pointing slightly downwards, which takes the strain off the tendon.

There are two types of surgery that you may have:

- open surgery - which is when a cut is made to reach the tendon to repair it
- percutaneous surgery - which is when smaller cuts are made to reach the tendon to repair it

Both types of surgery will involve stitching the tendon together so it can heal. Surgery is usually recommended for active young people who will have limited complications both during and after surgery.

Pain and Swelling

Pain is a common occurrence following any surgical procedure. It can be well managed with medications, special pain management devices and ice. The pain will naturally reduce as your wound heals and with regular use of analgesics (pain killers). It is imperative to keep your pain well controlled so you can mobilise comfortably, perform your physiotherapy exercises and resume normal activities after your surgery.

You will be asked to rate or score your pain regularly after your surgery. The score will depend on how your pain feels to you.

0= No Pain, 10= worst pain imaginable

(Please point to the number that best describes your pain)
Assign the number you feel best describes your pain. The nurses will administer appropriate treatments/medications depending on your pain score. The nurse will reassess your pain score after the treatment to make sure it has worked to reduce your pain.

**Weight Bearing**

You must walk with your crutches, using the same pattern taught to you by your physiotherapist. Non weight bearing is the only weight bearing status to be performed unless you are otherwise informed.

**Activity**

You should start walking non weight bearing immediately. You should begin exercises prescribed by your Chartered Physiotherapist as soon as is permitted.

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**Exercise Program**

The following exercises start as soon as you are able. Additional exercises permitted by your consultant will be provided by your physiotherapist when applicable.

**Frequency:** You will need to exercise at least **three times** a day to ensure you reach your rehabilitation goals.

1) **Quadriceps Setting.**

- With your leg straight out in front of you, tighten the muscles at the front of your thigh, pushing the back of your knee down into the bed.
- The result should be straightening of the knee. Hold the contraction for 5 seconds. Repeat 15 times.

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Achilles Tendon Repair

2) Knee and Hip Flexion

- Lie on your back with your legs straight
- Slowly bend your knee by sliding your foot up towards your buttocks as far as you can.
- Hold for count of 5
- Relax and repeat 10 times

3) Abduction

- Start Lying on non operated side using arms for support
- Slowly bring your operated leg away from the body
- Return to starting position
- Repeat 10 times

4) Straight Leg Raising

- Tighten the muscles at the top of your leg.
- Keeping your operated leg straight, raise the leg about 6 to 10 inches off the bed.
- Hold for 5 seconds.
- Lower the leg slowly to the bed and repeat 10 times.

Last Updated May 2011
Stairs Technique

**Going up-stairs**
- Maintain crutches on the step below.
- Take your weight onto the un-operated leg by pushing on crutches/walking stick and banister, whilst keeping operated foot off the ground.
- Hop onto the step and follow with the crutch onto the same step.

**Going Downstairs**
- Put crutch/walking stick down onto the step below.
- Lean onto banister and crutch as you hop onto step below.
- It is important to pause in between steps to minimise any risks of falling.
- If possible when you are at home, make arrangements to have a bed downstairs.

Driving

Do not drive unless cleared by your consultant or by your Chartered Physiotherapist. You must be able to comfortably use the brake and accelerator, make an emergency stop and be finished all pain medication before you are cleared to drive.

Work

Plan to take time off work following your surgery. If your job requires a lot of walking or manual labour, contact your surgeon for appropriate work restrictions.

Rehabilitation and Discharge

Once the cast or brace is removed you will need to gradually increase your activity to strengthen the tendon.

Always seek advice from a Beacon Hospital Chartered Physiotherapist who can assess and treat you according to your individual needs. They will offer:

- soft tissue techniques to soften the scar tissue
- specific and safe methods to stretch your Achilles tendon and calf muscle
- appropriate strengthening exercises depending on the method of treatment and when you got the injury
• joint mobility techniques to loosen any stiff joints, this occurs more frequently following a cast/brace

The phone number for Beacon Physiotherapy dept is 01-2936692.

**General Safety Advice for Home:**

Please be aware of the hazards in your home as this will make your recovery easier and safer.

• Move electrical cords, phone lines and ensure clear pathways.
• Store items within easy reach specifically in the kitchen and bathroom areas.
• Remove rugs including bath mats and entrance mats.
• Be careful with pets and young children.

Be aware of water spills, slipper floors and always think before you move.

**Signs of Infection**

If you develop any of the following signs of infection, it is important to report them to your doctor. The signs of infection include:

• Redness around the wound site
• Increased pain in the wound
• Swelling around the wound
• Heat at the wound site
• Discharge of fluid – may be green or yellow
• Odour or smell from the wound
• Feeling of being generally unwell
• Fever or temperature

Most people will have sutures that will need to removed approximately 10-14 days after surgery. This may be done by the GP, Dressing clinic, consultant or in the convalescence centre.
Conclusion

We hope that you have found this booklet useful and that it has helped to relieve some of your fears and anxieties regarding your surgery. During your hospital stay, your medical team will be available to answer any other queries you may have.

We look forward to meeting you soon.

Individual Patient Notes

Consultant Name:

Date of Surgery:

Surgery Note:

Weight Bearing Status: ___________________________

Walking Device:

Date for removal of sutures

Please use this space for your own notes:

Last Updated May 2011