

POST-OPERATIVE INSTRUCTIONS

ACHILLES TENDON RECONSTRUCTION

The first 2 weeks

You have just undergone a reconstruction of your achilles tendon, including a removal of diseased tendon, either a partial or complete detachment of tendon from bone, followed by a reattachment, after the removal of extra bone.

The procedure has been performed through an incision over the back of the tendon and heel. At the end of the operation, a local anaesthetic agent was infiltrated around the wound, in order to reduce post-operative pain. The wound was closed with small sutures, covered with a dressing and wrapped in a bandage. A "half-cast" was then applied over the front of the leg, to splint your ankle in a "toe down" posture.

Expect *some* pain in your foot, particularly when the local anaesthetic wears off, but this should be controllable with elevation and oral pain-killers, and should improve dramatically over the next 48 hours.

When you are able to comfortably stand and mobilise independently, you can go home.

The nursing staff will let you know when it is safe to get out of bed. A physiotherapist may assist you in learning to use crutches.

An oral anti-coagulant will be taken for up to 6 weeks, to lessen the risk of a DVT (clot in the calf).

Occasionally, there can be some blood seepage into the dressings and cast, causing staining. This is rarely a cause for concern, unless copious.

It is important that you don't stand or walk on your operated limb.

You may shower, but it is important to keep the cast and dressings dry. These must remain intact until your first post-operative appointment.

Keep your foot elevated as much as possible. Hip height is ideal when you are seated.

If you have any concerns regarding your progress before your first post-operative appointment, please ring the rooms, during normal hours, or your local doctor, if available after hours. If you require urgent out-of-hours attention, please ring or present to a hospital Emergency Department at any time. Both Norwest Private and Sydney Adventist Hospitals provide this service.

Subsequent weeks

It remains crucial that you **not bear any weight on your operative limb**. Keep using either crutches, a walking frame or similar device. Continue your anti-coagulant.

A hinged CAM "boot" will be fitted by the physiotherapist, but it will be locked in a "toe-down" position to protect the tendon repair. It can be removed for showering/bathing, but should remain in place at other times, including at night. In the boot you can do gentle ankle exercises through a small arc of motion.

The timeframe for you to continue non-weight-bearing will depend on the extent of your tendon detachment and will be made clear by Dr Newman.