FOOT & ANKLE

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Foot and Ankle Orthopedic Surgery

ACHILLES TENDON RUPTURE

Information: Achilles rupture may be treated with surgery. If you decide to have surgery then I will reattach the tendon. The Achilles tendon is the largest tendon in your body and all patients will have atrophy and weakness of their calf muscle. Risks of surgery include, but are not limited to: infection, wound healing issues, scar, swelling, stiffness, pain, numbness, injury to vessels, bone healing problems, hardware problems, need for hardware removal, recurrence, other deformity, need for future surgery, perhaps a condition you may feel is worse or not much better from your preoperative status. If you need an excuse for work, please let us know before surgery. If it is your right Achilles, most patients cannot drive until around 8 wks.

On the day of surgery: You and your anesthesiologist will determine what is best for your particular surgery. Often, a block is provided by the anesthesiologist. This will decrease the amount of pain after surgery. The risks of anesthesia/block will be discussed with the anesthesiologist. You will be brought to the operating room and your leg will be cleaned for surgery. Drapes will then be placed over your leg and your entire body to keep our field clean. You will be given antibiotics before/during surgery. I will perform your surgery (perform an incision, perform the surgery as above and as we discussed in the clinic, add suture/anchors, close the tissue/skin, and then place a splint on your leg that must remain on until your first postoperative visit with me). After surgery, I will discuss the surgery with your guest that day.

After Surgery: You will be taken to the recovery room and sent home when the nurses and anesthesiologist think you are suitable for discharge. You are not allowed to walk on the operative leg. You will be sent home on pain medicine with the hope that you can discontinue it as quickly as possible. You can use crutches, knee walker, walker, wheelchair, etc.

Postoperative Course:

1 wk – My team or myself will see you for splint removal and placement of a tall walking boot with peel-away heel lifts.

2 wks – You are allowed touchdown weight bearing in the boot with crutches and advance to full weight bearing over the next 2 wks, 25% of your weight every 3 days. You will peel away a layer from the heel lift each week. Physical therapy will begin and lasts 8-16 wks

6 wks – I will see you again and at 8 weeks you will begin to wean the boot and wear comfortable shoes

3 months – You are allowed to advance activities slowly

6 months – You will begin to feel that this is “behind you” and although you are not fully normal/healed, you should be doing quite well. You will still feel weak and this is normal. You will begin to run slowly and advance for another 6 months. Swelling is the last issue to resolve and can be 6-12 months for any foot surgery. I’m happy to see you at any time during the scheduled visits or unscheduled visits if you have questions/concerns. *Thank you and I will take excellent care of you!*

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