

DR ANDREW WINES MBBS FRACS (Orth) FAOrthA

Adult and Paediatric Orthopaedic Surgeon

Foot, Ankle and Trauma Surgery

ACHILLES RECONSTRUCTION AND CALCANEAL OSTEOTOMY

INTRODUCTION

The Achilles tendon attaches the calf muscles to the heel bone (calcaneus). The Achilles tendon can be damaged or degenerate in the area where it attaches to the heel bone. The tendon can suffer further damage when there is a prominent bump present at the back of the heel. This causes pain at the back of the heel with inflammation and swelling.

THE SURGERY

Achilles tendon surgery involves:

- i. general anaesthetic, intravenous antibiotics
- ii. Incision at the back of the ankle
- iii. debridement of tendon
- iv. removal of the bump at the back of the heel (calcaneal osteotomy)
- v. re attach the tendon to heel bone with screws (if required)
- vi. wound closure with stitches
- vii. Infiltration of local anaesthetic
- viii. front slab plaster dressing

RISKS OF SURGERY

All surgical procedures carry some risk. Fortunately, the risk of complications with Achilles reconstruction is relatively low (in the vicinity of 20%). Some of the risks of surgery include:

- Infection
- Problems with wound healing that may require antibiotic treatment, readmission to hospital, further surgery including plastic surgery and/or other treatments
- Nerve injury causing pain, numbness tingling and/or pins and needles
- Ongoing pain
- Complex regional pain syndrome
- Scarring
- Deep venous thrombosis/pulmonary embolism. (The risk of DVT increases with smoking, the oral contraceptive pill and hormone replacement therapy, immobility and obesity).
- Insufficient blood flow resulting in loss of toes, foot or limb
- Drug allergy / anaphylaxis
- Further surgery
- Anaesthetic complications including heart attack, stroke and death

GUIDELINES FOR EXPECTED POST OPERATIVE RECOVERY

Keep foot elevated as much as possible, especially for initial 72 hours. Keep dressings dry and intact until post operative appointment.

Removal of stitches/sutures at the first post operative appointment at 10-14 days.

Xarelto tablets: to prevent deep venous thrombosis: for 6 weeks.

Pain killers may be required for up to 6 weeks.

Weight bearing:

- Crutches will be required post operatively
- Touch weight bearing for first 2 weeks in plaster backslab.
- Weight bearing as tolerated in Aircast boot from 2-6 weeks
- Wean out of boot from 6 weeks

Commence gentle range of motion exercises: 2 weeks post-surgery

Commence formal physiotherapy: 6 weeks post-surgery

Resumption of most activities with the exception of sports involving rapid acceleration and deceleration: 6-9 months.

Full recovery: up to 12 months.

Every patient's recovery is individual and depends on the severity of the injury and the complexity of the surgery.

ANY PROBLEMS

During office hours contact Dr Wines' office on (02) 9409 0563. After hours please contact the hospital where your surgery was performed.