# DR ANDREW WINES MBBS FRACS (Orth)

**Adult and Paediatric Orthopaedic Surgeon**
**Foot, Ankle and Trauma Surgery**


# ACHILLES RECONSTRUCTION AND CALCANEAL OSTECTOMY

### 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 ostectomy)
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. Some of the risks of surgery include:

- Infection
- Problems with wound healing
- Nerve injury causing numbness, tingling and/or pins and needles
- Deep venous thrombosis/pulmonary embolism. (The risks of DVT increase with smoking, the oral contraceptive pill and hormone replacement therapy, immobility and obesity)
- Anaesthetic complications
- Drug allergy
- Ongoing pain

### 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. The plaster remains on at all times for the first 2 weeks.

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

Clexane injections: to prevent deep venous thrombosis: 10-14 days.
Antibiotics for two weeks. Pain killers may be required for 10 -14 days.

**Weight bearing**:

Crutches will be required post operatively
Touch weight bearing for first 2 weeks in front plaster slab.
Weight bearing as tolerated in Achilles boot from first post op appointment

Commence gentle range of motion exercises: 2 weeks.
Commence formal physiotherapy: 6 weeks.

Recommencement of most activities with the exception of sports involving rapid acceleration and deceleration: 6 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 0500. After hours please contact the hospital where your surgery was performed.