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**ACHILLES TENDON RUPTURE**

**INTRODUCTION**

The Achilles tendon attaches the calf muscles to the heel bone (calcaneus). Unfortunately it is prone to rupture most commonly in middle aged part time sports men and women. Achilles tendon ruptures can be managed with or without surgery. Surgical reconstruction of Achilles tendon ruptures tends to result in a lower re-rupture rate, and therefore it is Dr Wines' preference in patients who are otherwise healthy and active.

**THE SURGERY**

Achilles tendon surgery involves:

- i. general anaesthetic, intravenous antibiotics
- ii. 7 cm long incision over the area of tendon rupture
- iii. repair of tendon rupture
- iv. closure of sheath around tendon
- v. wound closure
- vi. front slab

**RISKS OF SURGERY**

All surgical procedures carry some risk. Fortunately the risk of complications with Achilles tendon repair 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 risk of DVT increases with smoking, the oral contraceptive pill and hormone replacement therapy, immobility and obesity).
- Anaesthetic complications
- Drug allergy
- Ongoing pain.
- Re-rupture (this is most uncommon)

**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 front slab plaster remains on at all times for the first 2 weeks.

Removal of stitches/sutures: 10-14 days.

Clexane injections: to prevent deep venous thrombosis: 10-14 days. Antibiotics for 2 weeks.

Weight bearing:

- Touch weight bearing for first 2 weeks in front slab.
- Partial weight bearing (up to 30 kg) in Achilles boot with 30° wedge for next 3 weeks.
- Weight bearing as tolerated in Achilles boot with 20° wedge for next 3 weeks.
- Weight bearing in shoes with 2 cm heel rise for next 6 weeks
- The Achilles boot needs to be worn in bed at night for week 2 to 5, but may be removed in bed from week 6-8.

Commence gentle range of motion exercises: 5 weeks.

Wear boot in bed at night: 5 weeks.

Commence formal physiotherapy: 8 weeks.

Resumption 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.