

Achilles Reconstruction & Calcaneal Ostectomy

INTRODUCTION

The Achilles tendon attaches the calf muscles to the heel bone (calcaneum). The Achilles tendon can become 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 reconstruction involves a number of steps:

- General anaesthetic and IV antibiotics
- Prone position on the operating table
- · Tourniquet around the thigh
- Incision over the Achilles tendon and heel
- Elevation of the tendon off the bone and debridement of abnormal tendon
- Removal of the bony bump (calcaneal ostectomy)
- Re-attachment of Achilles tendon to the heel bone with suture anchors
- Closure of incision with sutures
- Local anaesthetic block
- Surgical camboot (VACOcast)

GUIDELINES FOR POST-OP RECOVERY

HOSPITAL ADMISSION

- In hospital post-op for 1 night
- IV antibiotics and Clexane injection

FIRST 2 WEEKS

- Elevate foot and rest
- TOUCH WEIGHTBEARING only in boot
- Mobilise with knee scooter/crutches/frame
- Boot and dressings to stay dry and intact
- Strong painkillers as required
- Aspirin 100mg & Vitamin C 1g per day
- Antibiotics for 5 days
- Wiggle toes to encourage circulation

2 WEEK POST-OP APPOINTMENT

Review by nurse & removal of dressings and sutures

WEEKS 3-6

- Keep ankle/incision dry for 1 week further
- Surgical boot on at ALL times, including in bed, except for physio/exercises & showers (seated with shower chair)
- Elevate foot when resting
- Daily scar massage from 3 weeks post-op
- Aspirin 100mg per day
- Physiotherapy review (arrange first appointment for 2-5 days after the 2-week post-op check)
- PHYSIOTHERAPY:
- Commence gentle active and passive ankle, midfoot and forefoot ROM exercises
- Commence partial weightbearing, and progress up to full weightbearing at 6 weeks post-op if tolerated
 in surgical boot for all weightbearing
- Exercise bicycle with surgical boot on
- o General upper body, core, hip and knee exercises

6 WEEK POST-OP APPOINTMENT

Review by Dr Zilko

WEEKS 7-12

- PHYSIOTHERAPY:
- Transition out of boot into normal supportive shoes
- Gait re-training
- Exercise bicycle +/- elliptical trainer in normal shoes
- Continue lower limb strength and conditioning, progress to eccentric strengthening

12 WEEK POST-OP APPOINTMENT

· Review by Dr Zilko

FROM 12 WEEKS

- PHYSIOTHERAPY:
- Work-specific or sport-specific training
- Safe to commence open-chain impact/light jogging
- o Return to sport from 4-6 months post-op

Full recovery is usually 6-12 months.

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

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