

Achilles Tendon Reconstruction

INTRODUCTION

The Achilles tendon attaches the calf muscles to the heel bone (calcaneum). The Achilles tendon can become damaged or degenerate just above where it attaches to the heel bone - this is often called non-insertional tendinopathy. This causes pain at the back of the heel and calf 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
- Debridement of inflammatory or scar tissue and excision of abnormal tendon
- Release of the plantaris tendon
- Repair of the Achilles tendon
- +/- Transfer of the flexor hallucis longus (FHL) tendon into the heel bone using a drill hole and bioabsorbable screw fixation
- 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

FIRST 2 WEEKS

- Elevate foot and rest
- Strictly NON-WEIGHTBEARING 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 rehab exercises & showers (seated with shower chair)
- Elevate foot when resting
- Daily scar massage from 3 weeks post-op
- Aspirin 100mg per day
- Podiatry/physiotherapy review (arrange first appointment 2-5 days after 2-week post-op check)
- **REHAB - PODIATRY/PHYSIOTHERAPY:**
 - Joint mobilisation, soft tissue manipulation, nerve desensitisation
 - Commence gentle active and passive ankle, midfoot and forefoot ROM exercises
 - Commence partial weightbearing, and progress up to full weightbearing as tolerated - in surgical boot for all weightbearing
 - Exercise bicycle with surgical boot on
 - General upper body, core, hip and knee exercises

6 WEEK POST-OP APPOINTMENT

- Review by Dr Zilko

WEEKS 7-12

- **PODIATRY/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

- **PODIATRY/PHYSIOTHERAPY:**
 - Work-specific or sport-specific training
 - Safe to commence open-chain impact/light jogging
 - 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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