

ACHILLES TENDON RUPTURE



OVERVIEW

- Achilles tendon ruptures are frequent injuries to the tendon that connects your calf muscles to your heel. They usually occur when the foot is in a downward position (like when you are on your toes) and is suddenly forced upward, causing the tendon to tear or snap.
- More common in men ages 30-40 and risk factors include episodic athletes, such as the “weekend warrior”.
- In the history of tendon rupture the patient usually reports a “pop” and symptoms might include weakness and difficulty walking and pain in the heel. Pain might resolve eventually, but there will be weakness in your foot.

Treatment:

- The most important step is to make a diagnosis. In the case of an Achilles tendon rupture, a clinical exam will provide the most definite answer and other imaging might not yield more information.
- Unfortunately the only course of treatment is to repair the tendon with surgery.
- Our approach is to make an incision on the back of your foot and to repair and reinforce the tendon.

SURGERY

For more detailed information about what to expect in relation to surgery, please refer to the leaflet “Day of surgery essentials”.

Pre-procedure:

- You will receive a scheduled time for your procedure from our practice manager, Elzette.
- Fill in the forms sent to you by our office via email or find the forms online at www.ankledoc.com under “Patient Corner”.
- Upon arrival at the hospital, you will undergo the standard admission procedure.
- Nurses will admit you to the ward and ask you medical questions to ensure your readiness for the procedure.
- It is often helpful to bring a list of your chronic medications.
- Relevant foot/feet will be marked with a marker for identification.

During the procedure:

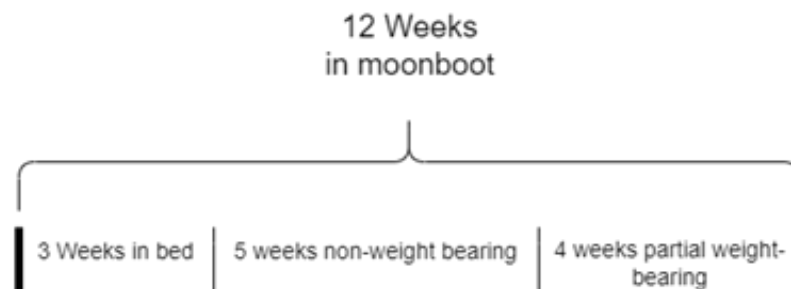
- When it's your turn, you will be escorted to the theatre.
- You will briefly meet with your doctor before being anesthetized.
- The doctor will make an incision on the back of your heel and repair your Achilles tendon as discussed pre-operatively.

Post-procedure:

- After the procedure, you will be taken to the recovery room to wake up fully from anaesthesia. Once fully awake, you will be returned to the ward.
- Most of our patients remain in hospital for two nights. Approximately 75% of patients need to stay a second night. It gives you ankle-block time to wear off and during that time we can get ahead of the pain with intra-venous medication. During this time, it also gives our physio and Dr Wessels time to visit you.

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Aftercare and rehab:



- You will be in a moon-boot for 12 weeks.
- For the first 8 weeks you will not put **any** pressure on your foot, this means your foot should not touch the ground. The first 3 weeks of this you should mostly be in bed. Do not move anywhere out of bed without your moonboot, because accidents are bound to happen. Use crutches or a knee-scooter for mobility. The next 5 weeks of this you can move around more but you will still need to elevate your foot several hours during the day to control the swelling. Ice your foot regularly.
- For the next 4 weeks you will still be in your moonboot, but you are allowed to step on your moon boot. Crutches are not necessary currently except if you still feel a bit off balance. During this time, you and the physio will slowly start walking without the moonboot. This should only be done in a controlled environment and part of rehab. Don't take chances by walking around without your moon boot during this time.
- Rehabilitation is very important. Work together with the physio to obtain an acceptable range of motion for your foot.
- Swelling at the end of the day is normal. Swelling is only concerning if it is worse when you wake up and if there is a new and worsening pain associated with it.
- Celebrex can be taken daily for 3 months to help reduce inflammation and swelling. It also helps your rehab to continue smoothly.

Wound care:

- Heel wounds take time to heal.
- The 3 weeks that you spend in bed, you need to keep pressure off your heel. Put a pillow under your lower leg as demonstrated.
- 3 weeks post-op is also the time when your stitches can be removed if the wound has properly healed. Please refer to the leaflet demonstrating how to remove the stitches if you wish to do so at your local hospital or GP.

