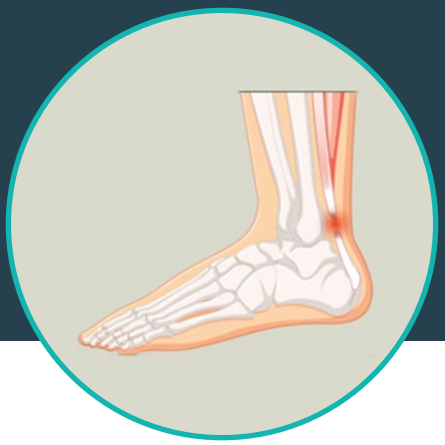
ACHILLES TENDONITIS



OVERVIEW

Achilles tendonitis is an inflammatory condition of the achilles tendon which connects your calf muscles to the back of your heel.

Two common causes for this are:

- **Overuse** - when training is suddenly started or the intensity increased the tendon might become overworked
- **Age** - as one ages the blood supply to the centre of the tendon is decreased which leads to an inflammatory process that causes pain.

Symptoms include pain at the back of your heel. Pain is usually worse after sleep or long periods of sitting. After being active for a period it will start "warming up" and feeling better.
The risk of an untreated Achilles tendonitis is that the tendon might rupture. This occurs more commonly in men 40 years and older.
The minimum examination that must be done is an ultrasound conducted by a designated sonographer. An MRI is very accurate at assessing the degree of damage but is quite expensive.

Conservative Management:

- **Ice Therapy**: Applying ice to the back of the heel helps reduce inflammation. It's essential to protect the skin by placing a cloth between the ice and the skin. Optimal duration for icing is 30 minutes, multiple times a day.
- **Anti-inflammatory Medication**: Celebrex, a safe anti-inflammatory medication, is prescribed for three months to tackle inflammation. Consistent daily use is crucial for optimal results.
- Ice and anti-inflammatory medication can be tried for three months to see if it improves the pain. If it does not resolve, infiltration and surgery are the next options.
- **Corticosteroid Infiltration:** In very limited amount of cases infiltration may be offered to you as an option. Administered under anaesthesia in a controlled environment, this procedure targets inflammation. It's typically done as a one-day procedure in theatre so that patients can lie still and pain free. This is why we do not offer this procedure in the consultation rooms. Infiltration usually only provides relief for a few months. **For more detailed information about what to expect when coming for infiltration, please refer to the leaflet "Infiltration".**

Surgical Management:

- Surgery will consist of a combination of procedures that are tailored to each patient. The procedure will depend on your demographics and the associated injuries. Some doctors prefer a minimally invasive approach, but evidence suggests that it does not improve healing time. With a wider incision, a more accurate reconstruction can be done in a shorter time, reducing risk of infection.

SURGERY

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

Dr. Cobus Wessels
ORTHOPAEDIC SURGEON
FOOT & ANKLE SPECIALIST

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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.

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.

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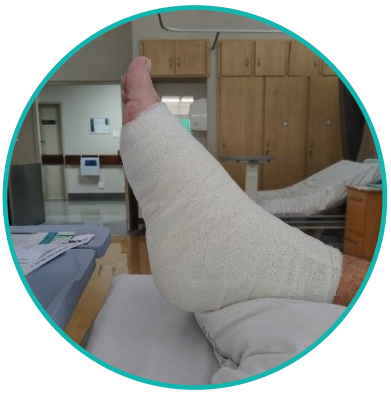
- Rehabilitation is very important. Work together with the physio to obtain an acceptable range of motion for your foot.
- Swelling at the end of the day is normal. Swelling is only concerning if it is worse when you wake up and if there is a new and worsening pain associated with it.
- Celebrex can 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.



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