

## **ACHILLES RECONSTRUCTION AND CALCANEAL OSTECTOMY (Painful Insertional Achilles Tendinopathy)**

### **What is the problem?**

The Achilles tendon attaches the calf muscles to the heel bone (calcaneus). The Achilles tendon can be 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.

### **What's involved?**

Achilles tendon surgery involves:

- general anaesthetic, intravenous antibiotics
- Incision at the back of the ankle
- debridement of tendon
- removal of the bump at the back of the heel (calcaneal ostectomy)
- re attach the tendon to heel bone with screws (if required)
- wound closure with stitches
- Infiltration of local anaesthetic
- front slab plaster dressing

### **What's the worst thing(s) that can happen with surgery?**

All surgical procedures carry some risk. Fortunately the risk of complications with Achilles reconstruction 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
- Achilles rupture
- Deep venous thrombosis/pulmonary embolism. (The risks of DVT increase with smoking, the oral contraceptive pill and hormone replacement therapy, immobility and obesity)
- Anaesthetic complications
- Drug allergy
- Ongoing pain

## What can I expect after surgery?

### *Rest*

- You will have a cast on your leg. Keep foot elevated as much as possible, especially for initial 72 hours. Keep dressings dry and intact until post operative appointment.
- Mobilise short distances as pain allows, aim to remain in your own home for the first few weeks limiting long periods of standing. Do not bear weight for the first two weeks post-surgery.

### *Pain*

- Pain relief may be required for up to 2 weeks; depending on your other medications this may include:
  - Regular paracetamol, anti-inflammatory drugs and break through opiate type medications
  - A blood thinning medication will also be prescribed to prevent the risk of DVT/PE

### *Driving*

- Any surgery performed on the right foot or both feet will mean no driving for a minimum of 6 weeks
- If surgery was performed on the left foot then driving in an automatic is possible, but Dr Phegan would recommend waiting a minimum of two weeks before attempting to drive

**Driving any vehicle with a cast or boot is potentially hazardous and you should consider this before getting behind the wheel**

### *Follow up*

- Keep all dressings dry and in tact for the first two weeks
- Removal of stitches/sutures typically occurs at an appointment with Dr Phegan's and his in-house therapists at 10-14 days at first post operative appointment. Very occasionally some sutures need to stay in for longer
- Your appointment will be booked by Dr Phegan and a confirmatory SMS will be sent informing you of the time and date for follow up

### *Typical milestones*

- 2 weeks: Wound review and removal of sutures, change from cast to a boot, commence accelerated dynamic rehabilitation protocol
- 2-6 weeks physiotherapy for active range and weight bearing as outlined in the protocol
- 6 weeks to 3 months: work on swelling reduction, scar massage, strength, proprioception and mobility
- Full recovery 3-6 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 Phegan's office on (07) 56711120 or email [info@drphegan.com](mailto:info@drphegan.com)

After hours please contact the hospital where your surgery was performed or attend your local GP