



POST-OPERATIVE PATIENT INFORMATION: ACHILLES TENDON DEBRIDEMENT AND REATTACHMENT

Achilles tendon pathology is relatively common. If non-operative treatment options fail, it is possible to split the tendon, remove any calcified or degenerate tissue, remove any inflamed soft tissue or bone (remove the 'Haglund's deformity') and repair the Achilles tendon back to the bone.

When discharged home, if you have concerns during business hours, please contact South East Orthopaedic Surgery on 0484 739 550 or via email admin@southeastortho.com.au Please note voice mail messages and emails will be replied to by the next business day. If you have urgent concerns outside of business hours, please contact the switchboard at Frankston Private Hospital on (03) 8796 1300 and asked to be put through to your surgeon. If you have having a limb or life threatening emergency, please dial 000 or present to the Frankston Public Hospital Emergency department.

WOUND MANAGEMENT

For any surgery wound management is important. In particular, the area of the Achilles tendon is particularly susceptible to wound issues and delayed healing as it is in a 'watershed' area of blood supply. This means that the blood supply comes from two different areas that meet in the middle. Therefore wound management following achilles surgery is critical. Please keep your dressings intact until review by your GP or surgeon, unless directed otherwise. You will need to keep the wounds dry by wrapping a plastic garbage or kitchen bag sealed with tape and an elastic bag during showers or bath. If you have excessive wound ooze through the dressings please contact the surgery to arrange the dressings to be changed. If you are concerned about the amount of wound ooze please contact the surgery as above, or present to Frankston Public Hospital Emergency department. If possible, please don't commence antibiotics without discussing the situation with your surgeon.

SWELLING

Some swelling following surgery is normal and may persist for months afterwards. Keep your foot elevated as much as possible, even if you are allowed to weight bear. We suggest icing the

area (if practicable) for 20 minutes five times a day for the first week to help reduce inflammation.

WEIGHT BEARING

You need to be non weight bearing while the wound heals. This is mean you need crutches, a frame or wheelchair (or a combination of all three) for mobility in this period.

You will see your surgeon two weeks following surgery for removal of sutures. Most patients will be able to go into a CAM boot with a heel raise and commence weight bearing once the wound has healed. If you are not permitted to weight bear once the would has healed this will be discussed with you. You will gradually decrease the height of the heel wedge over six weeks until you are walking free from the heel raise by approximately eight weeks following surgery.

You can come out of the boot for showers once the wound has healed. but need to keep your foot pointed down to avoid stretching the achillest tendon.

DRIVING

Once you are able to weight bear in the boot, you can come out of the boot to drive. You do need to keep your foot pointed down to avoid stress on the Achilles tendon..

POST-OPERATIVE APPOINTMENT

Please contact the rooms via 0484 739 550 or admin@southeastortho.com.au to make a post-operative wound review appointment approximately two weeks following your surgery. If you have travelled a significant distance and would prefer to see your GP for removal of sutures, this can be arranged. You will likely need to pay a consultation fee to your GP for removal of sutures.

PHYSIOTHERAPY

If this is required this will be discussed at your two week post-operative appointment. If you have a preferred physiotherapy provider please let the rooms know so we can forward your

operation report and post-operative instructions to them.

SMOKING CESSATION

It is important you smoke as little as possible (ideally not at all) to minimize wound problems and reduce risk of infection following your surgery.

NUMBNESS

It is normal to have some sensation changes around the toes or side of the foot. This is normally associated with swelling and settles as the swelling resolves. Very rarely, it can indicate damage to a nerve so please let your surgeon know of any sensation changes.

PAIN

Some post-operative pain is normal following surgery. Your surgeon and anaesthetist work together to make you as comfortable as possible on the ward and then when you are discharged home. If you have severe, unrelenting or escalating pain that is not relieved by pain-killers please contact your surgeon, GP or emergency department.

EMERGENCIES

It is important to contact your surgeon, GP or emergency department if you have any of the following symptoms:

- Severe unrelenting pain not relieved by analgesia, rest, ice, compression or elevation.
- Severe swelling of the foot or calf that does not resolve with elevation
- Redness around the wound
- Discharge from the wound or pin sites
- Fevers, night sweats or unexplained shaking or feeling cold
- Shortness of breath or chest pain

Please note – this information sheet is a non-specific overview prepared by your surgical team and is not a replacement for specific medical advice. If you have any specific concerns, please contact your surgeon directly.