CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

PATIENT INFORMATION

Achilles tendon repair

Why this operation has been suggested

Dr Kieran Hirpara, an upper-limb surgeon at Mater Private Hospital Rockhampton, matches the treatment to your specific injury. Patients are generally referred to our clinic by their GP; if a physiotherapist has suggested you see us, you will still need a referral from your GP in order to be eligible for the Medicare rebate. At your appointment we take a history, examine you and arrange scans where they are needed to confirm the diagnosis.

The Achilles tendon is the strong cord at the back of your ankle that lets you push off when you walk or run. When it tears completely, this operation stitches the two torn ends back together. For a recent tear, surgery may be recommended straight away, without a trial of non-operative care first. Non-surgical treatment in a brace or boot is not inferior to surgery for one-year outcomes, so we will discuss both paths with you. Open repair lowers the chance of the tendon tearing again, though it carries a higher chance of wound problems. The main aim is a tendon that holds, so you can bear weight and return to your usual activities.

Before the operation

In the days before surgery, follow the preparation instructions we give you. You will need to stop eating and drinking seven hours before your operation. We ask for seven hours so you can be brought forward if the theatre list runs early. Your surgeon will tell you which of your regular medicines to stop and when. Bring a written list of everything you take, and arrange for someone to drive you home afterwards. Wear loose, comfortable clothing. Scans such as an X-ray, ultrasound or MRI may be used to plan the operation. If you have other medical conditions, you may need blood tests or a review with the anaesthetist before surgery.

On the day

You arrive at the hospital's surgical admissions unit, where you are checked in and prepared for theatre. You will then meet the anaesthetist, the doctor who puts you to sleep and looks after your pain. This operation is done under general anaesthetic. A regional nerve block is sometimes added for post-operative pain relief; the anaesthetist will discuss this with you on the day. You are then taken into the operating theatre, where the operation is performed.

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When the operation is finished, you wake up in the recovery area. Nurses stay with you there while the anaesthetic wears off. Once you are stable, you either go to a ward or go home, depending on the procedure and how your recovery is going.

What the operation involves

The Achilles tendon is the strong cord at the back of your ankle. When it tears, the two ends pull apart like a frayed rope. This operation stitches those ends back together.

Your surgeon makes a small cut over the tendon at the back of your ankle. In a minimally invasive repair, the cut is smaller, and the stitches are passed through the skin with little or no opening of the tendon sheath. The surgeon may use a thin camera to check that the torn ends are joined correctly. Strong stitches bridge the gap between the healthy tendon above and the heel bone below, holding the ends together while they heal.

Once the tendon ends are joined, the stitches are tied off and the cut is closed with stitches and a dressing. You will leave theatre with your ankle in a protective position so the repair is not strained.

Some repairs use a technique that lets you put weight on the foot earlier than a traditional open repair. Your surgeon will tell you which approach is planned for you and why.

After the operation

You will wake up in the recovery area with nurses nearby while the anaesthetic wears off. Your ankle will be in a dressing and resting in a protective position so the repair is not strained. We give you pain relief to keep you comfortable, and we will check the foot's blood supply, feeling and movement before you leave. Someone should stay with you for the first 24 hours after you get home. Your team will tell you whether you go home the same day or stay one night in hospital. For the first two weeks, keep your weight off the foot unless your team tells you otherwise. We leave the dressing on for about 10 days; please do not take it off before then unless we tell you to. We change or remove it when we see you.

Recovery

For the first few days your ankle will be sore and swollen. Pain relief keeps this comfortable, and resting with your foot raised helps the swelling settle. Some bruising around the ankle and into the foot is normal and fades over time.

You will leave hospital with your ankle resting in a protective position so the repair is not strained. For the first two weeks, keep your weight off the foot unless your team tells you otherwise. We leave the dressing on for about 10 days and change or remove it when we see you. After that, your physiotherapist will guide you through gentle ankle movements. You will start by pointing your foot down freely, while keeping it from bending up too far. As healing progresses, you will put more weight through the foot and begin walking further. Some repairs let you bear weight earlier than others; your surgeon will tell you what is planned for you.

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Day to day, you will need help with stairs, shopping and showering at first. Sleeping on your back with your foot raised is often more comfortable. You can usually return to desk work and everyday routines as your movement and comfort allow, and build back to sport once your strength and balance are back. Many people return to sport from around four months after a minimally invasive repair.

Recovery varies from person to person. Your timeline may differ, and your surgeon and physiotherapist will guide you at each step.

What can go wrong

Most patients do well, but problems can occasionally happen. Your surgeon and the team monitor you closely to spot any issue early.

Wound problems are the ones to watch. The skin over the Achilles tendon has a poor blood supply, so the cut can be slow to heal or the edges can break down. Watch for redness spreading out from the wound, oozing or discharge, increasing pain, or a fever. If you notice any of these, call the clinic rather than waiting for your next visit. Some health conditions, including diabetes and smoking, make wound problems more likely, so we will talk with you about your own risks before surgery.

Infection can develop in the wound or deeper around the tendon. It usually feels like a deep, throbbing pain that does not ease with simple painkillers, along with warmth, swelling and redness. It may come with a fever or feeling generally unwell. Deep infection needs prompt treatment, so contact the clinic the same day, or go to the emergency department if you cannot reach us.

The stitches hold the tendon ends together while they heal, and the tendon can tear again before it is fully strong. This usually happens with a sudden push-off, a stumble or a fall. You would feel a sharp snap or pop in the back of your ankle, with sudden weakness and trouble pushing off. If that happens, contact the clinic straight away or go to the emergency department.

The nerve that runs along the outside of the ankle can be irritated during repair. This can cause numbness, tingling or a burning feeling down the outer side of your foot. Mention it at your next review, or call sooner if it is severe.

Blood clots can form in the deep veins of the calf after this injury and surgery. Warning signs include sudden swelling, tenderness or heaviness in the calf, and breathlessness or chest pain if a clot travels to the lungs. Breathlessness or chest pain means going to the emergency department immediately. Calf symptoms mean calling the clinic promptly.

Scar tissue can sometimes stick the tendon to the surrounding tissue, causing a clicking or grinding feeling or stiffness with movement. Bring this up at your next review.

The complications table on this page lists typical rates if you want the specifics.

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When to call us

Call us straight away if you have a fever, or if redness, discharge or pain around the wound is getting worse. Call us promptly if your calf becomes swollen, tender or heavy. Go to the emergency department if you become breathless or have chest pain, if you feel a sudden snap or pop in your ankle with weakness, or if you lose feeling in your foot or cannot move it. If you cannot reach us, go to the emergency department.

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