

Achilles Tendon Reconstruction

Following your examination and investigations you have been diagnosed with a ruptured achilles tendon and you have been instructed to have achilles tendon reconstruction. This section aims to give you additional information about your condition and the treatment. It is designed to give you some general details about the recovery from surgery if necessary and the common risks and complications. This section is not for self-diagnosis. Please ask your surgeon if you have any further questions.

What is it?

An achilles tendon reconstruction is a procedure to treat a torn achilles tendon in the ankle, which is caused by a sudden, strong force on the ankle during exercise, or degeneration of the achilles tendon (tendinitis).

Why would it be performed?

Achilles tendon reconstruction is performed when a person has torn the achilles tendon. It is difficult for severely damaged tendons to heal on their own, and the achilles tendon is vital for walking. Achilles tendon reconstruction is able to repair and reconnect the calf muscle to the heel, allowing push-off strength for walking.

What does it involve?

In some cases, your surgeon will first perform an ankle arthroscopy to inspect the ankle joint before repairing the tendon. Thereafter, a cut will be made on the back of the lower leg starting just above the heel bone. The two ends of the torn tendon will be sewn together and repaired, and the cut is stitched closed.

Can it be done as a day case operation?

It is usual to stay one night after the operation to allow adequate pain control. However, if you are otherwise fit and there is someone who can collect you afterwards and stay with you overnight, the operation can be done as a day case. This means that you are admitted to hospital, operated on and discharged home on the same day.

Will I have to go to sleep (general anaesthetic)?

The operation is usually performed under general anaesthetic (asleep). Alternatively, an injection in the back can be done to make the ankle numb while you remain awake. Your anaesthetist will advise about the best choice of anaesthetic for

you. In addition, local anaesthetic may be injected into your leg or foot while you are asleep to reduce the pain after the operation even if you go to sleep for the surgery. You will also be given painkilling tablets as required.

Will I have a plaster on afterwards?

A plaster splint down the back of your ankle and under your foot will be applied while you are asleep. This is only a half plaster to allow for swelling. At your follow up 10-14 days after the surgery a complete plaster from your knee to your toes will be applied. You **may** be able to put a little bit of weight through this plaster but you will be advised by your surgeon.

What will happen afterwards?

You can go home when comfortable and safe. You will usually be seen again 11-14 days after your operation. The splint will be removed and the wound inspected. A complete cast from below your knee to your toes will be applied. 6 weeks after your surgery the cast will be removed and an ankle brace will be applied to your ankle which allows your ankle to move up and down, but not side to side. You can walk with your full weight on this. Physiotherapy will be arranged to start your rehabilitations and strengthening your ankle again.

Ankle brace

An ankle brace is worn at all times between 6 and 8 weeks after removal of the cast.

How soon can I ...

Walk on the foot?

You will be advised by your surgeon how much weight you will be able to put through your plaster after your operation. You can walk fully on the foot as soon as it comes out of plaster, wearing your ankle brace.

Go back to work?

If your ankle is comfortable and you can work in the cast with your foot up most of the time (basically, in a desk job), you could go back to work within 2-3 weeks of surgery. On the other hand, if you do a heavy manual job you may need 3 months off work. How long you are off will depend on where your job fits between these two extremes.

Drive?

Most people prefer not to drive until the brace is off, they can wear a shoe and are able to fully weight bear. Drive short distances before long ones. If you cannot safely make an emergency stop your insurance will not cover you in the event of an accident. If only your left foot is operated on and you have an automatic car, once your foot is comfortable enough and you can bear weight through it, you can drive within a few weeks of the operation.

Play sport?

Once you are into your ankle brace you can gradually increase your level of activity under the guidance of your physiotherapist. Once you can walk comfortably you can start running, swimming and cycling, increasing the distance covered gradually. Once you can run comfortably, you can do some turning and jumping. As this recovers you can go back to low-impact, non-contact sports and finally to full contact sports. It is common to take 6-8 months to return to sports such as football or rugby.

Risks

Re-rupture of the achilles tendon may occur.

Thickening of the surgical scar or tendon.

The punctures from the arthroscope may leave scars and occasionally these may be painful and inflamed.

The nerves to the top and outer side of the foot run close to the ankle where the operation is done. In about 1 in 10 people, they are stretched or small nerve branches are cut. This produces a numb, sometimes tingly, occasionally painful, area over the top or outer side of the foot. In many people this gets better over the course of 6-8 weeks, but in about 1 in 2 of those affected it does not get better.

A small nerve called the Sural nerve gives feeling to a patch of skin on the side of the foot and may be injured as often as 5 in 100 times. In severely deformed ankles, all the vessels and nerves tend to be tethered. As a result, some feet may be a bit numb or sensitive afterwards. Very rarely, the blood supply to a foot may be so badly affected that it has to be amputated.

There are general risks with any operation that include blood clots, anaesthetic complications and tourniquet complications. Generalised pain, swelling and stiffness can occur (chronic regional pain syndrome - CRPS).

