Post-operative Instructions for Achilles tendonitis and Haglund’s Repair surgery

Description of your procedure

This procedure involves debriding the abnormal tissue of the Achilles tendon, removing the bone spur, and reattaching the tendon to the bone. Absorbable anchors are used to reattach the tendon to the bone. Often, a lengthening of the tendon is performed to fill the deficit. If the deficit is too large, a Flexor Hallucis Longus (the flexor tendon to the big toe) is transferred to replace the Achilles tendon.

What to expect week by week

Week 0-2

- You are in a splint to protect your incisions and allow them to heal. You may loosen the Ace wraps if it feels too tight, but do not remove the splint. Please call if it still feels tight or feels like it is rubbing.

- You are non-weight bearing-use your crutches, walker, wheelchair, or knee scooter for getting around.

- Elevate and Ice your foot 15 minutes every hour. You may get up and around as desired.

- Take your pain medicine on a regular basis for the first 2-3 days. You may then start spreading out your pain medicine as tolerated. Try going 5 hours instead of 4, then 6, 7, etc. If you had a popliteal block, you will be numb from the knee down for 12-48 hours, occasionally longer. Start your medicine before the block wears off and your sensation returns.

- You are at risk for a blood clot anytime after surgery. Try getting up and moving around every hour. Flex and extend your knees, ankle if possible and toes to help keep your blood in your veins moving. If you develop swelling in the calf or thigh which does not go away with elevation, or pain/cramping which does not go away in the calf or thigh, call us. If you get chest pain, shortness of breath, or anxious feeling, go directly to the ER. These are signs of a blood clot going to your lungs, which can be deadly.

- You may shower, if you cover your splint with a cast cover or plastic bag. If it gets wet, put hair dryer on low and dry it. Call us to get it changed.
Weeks 2-6

- You will be transitioned to a boot walker. Two heel pads will be placed in the bootwalker to elevate your heel. This decreases the strain/stress on the repair. You are still non-weight bearing. Continue to use your crutches, walker, wheelchair, and knee scooter. This is to allow you to shower and start moving your toes.

- Wound healing problems are common with Achilles tendon surgery. The skin is thin through this area and there is not significant soft tissue. It may take a month or longer for the wound to heal. If your incision is slow to heal, you will be casted until your stitches are able to be removed.

- Continue to ice and elevate as necessary to help with the swelling. You will start gentle ankle motion once you are in the bootwalker. Gently pull your toes and ankle toward your shin; then let your foot drop. Do not push down with your Achilles.

- In the shower, use a gentle antibacterial soap, such as Dial, and dry it well.

- Once you are in the bootwalker you may start weight bearing with the heel lifts in place. I recommend trying 25% of your weight with crutches or walker, then 50%, then 75%, and then 100% as tolerated. If you have a scale at home, weigh yourself. Divide your weight by 4, which will give you the 25%. Using your crutches or walker, stand over your scale keeping your weight on your good foot, slowly press down on your surgical foot until it is 25%. See how that feels and that is how much you can weight bear. Stay here for 3-7 days until you can do so comfortably. Repeat with 50, 75, and 100% weight bearing.

- You will start weaning out of your bootwalker into a regular shoe. In addition, you will start PT to regain your motion, strength, and normal gait.

Weeks 12-1 year

- The swelling will improve with time. Everyone has resolution at different points. You can do contrast baths (ice water bath for 1 minute, hot water bath for 1 minute, alternating for 10-15 minutes), elevate, massage, and wear compression socks to help with the swelling. Mobilize the joint with active and passive techniques. A physical therapist can help break up scar tissue and improve swelling.

- 2. Complete healing usually occurs by 6 months to a year. You can advance activities as pain and swelling allow. Start off slow, maybe half of normal activities, such as walking, riding a bicycle or swimming. If you are a runner, try intervals (run 1 minute, walk 4 minutes) and progress weekly.

1-2 years

- It will take approximately 18 months for your strength to normalize. You will continue to exercise and build strength during this time. You may continue to fatigue more easily with stair climbing.
Complications

- **Infection** - If you develop redness, warmth, fever, chills at any point call us. Infection is more common in diabetics, smokers, people with vascular disease, older patients, and those with autoimmune diseases such as Rheumatoid arthritis.

- **Re-rupture** may occur. While healing, the tendon is weaker. Re-injuring it may lead to the tendon tearing again. If you develop increased pain, swelling, or a knot, please call.

- **2. DVT/PE** - blood clots in the leg may travel to the lungs. If you have a personal history or family history, I will usually start you on a blood thinner (Lovenox shots or Xarelto pills) for 2 weeks post-operatively. If not, call if you develop any swelling in the calf or thigh, which does not go away with elevation. If you develop calf pain or thigh pain, these can be signs as well, so please call us. We will send you over for an ultrasound to look at your veins to see if you have a blood clot. If it is positive, you will be started on blood thinners. If you develop chest pain, shortness of breath, or anxious feeling go to the ER. These are signs of a blood clot going to your lungs. They will do special tests to look for a blood clot in your lungs.

- **Arthrofibrosis** or stiffness can occur. This is why early ROM is necessary to help get the tendon moving. This can be painful as it changes your gait. Physical therapy can help. Scar tissue can also make it difficult to wear shoes with a back to them.

- **Wound healing problems** can occur. Usually the wound will heal in 7-10 days, but may take longer or even break down in smokers, diabetics, vascular disease, older patients, and those with autoimmune diseases such as lupus and RA. Usually you will be treated with wet-dry dressing changes, which you clean the wound daily with sterile water or antibacterial soap and then place a slightly dampened sterile gauze over the wound followed by dry gauze. This is changed either once or twice a day until healing occurs. If significant wound break down occurs, you may need to go to a wound care center and/or wound care clinic.

- **The nerves**, especially the sural nerve, may become irritated. If this occurs, it can take on average 18 months for the nerve to recover. Even so, the nerve may never completely recover. This can lead to numbness, tingling, burning, swelling, and pain. We treat this with medication, desensitization, and topical ointments or lidocaine patches.