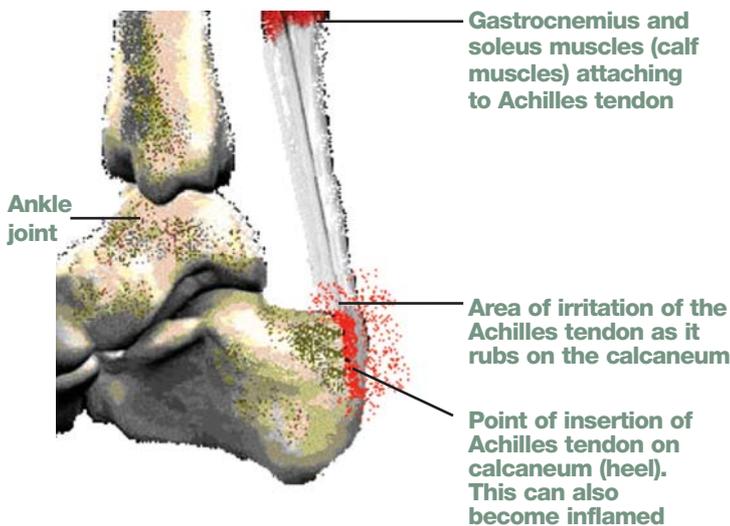


Surgery for the Insertion of the Achilles Tendon



The Achilles tendon attaches to the heel bone (the calcaneus) over a very broad area.

Although the tendon is only approximately 1 cm thick, it has an attachment spread over a 3.5 cm area on the calcaneus. Recurrent stress on the tendon where it attaches (the insertion) can lead to inflammation and microscopic tearing of the tendon. This in turn can cause swelling and pain. The swelling can be associated with inflammation of the space between the tendon and the calcaneus, called the retrocalcaneal bursa. At times the back of the heel can begin to enlarge and become quite thick. The thickening is partly as a result of bone (spurs) that may develop on the back of the calcaneus which can then grow up into the substance of the Achilles tendon causing further wear and tear of the tendon.

Initial treatment of this problem begins with rest, elevation of the heel on the sole of the shoe, and physical therapy treatments. All of these are designed to decrease the inflammation on the tendon that occurs when walking, since this stretches the Achilles tendon. Surgery will only be recommended if these treatments have failed.

Type of Procedure:	Day Case Surgery
Length of Procedure:	1 hour
Anaesthesia:	General anaesthetic with nerve block

General Recovery Facts

- The surgery is performed as a day-case procedure.
- A 3-4 cm incision is made on the back of the heel.
- Following surgery, you will need to use crutches for 2 weeks.
- Driving is permitted at one week if it is the left foot (using an automatic car), and at about 4 weeks if the right foot.
- At the first Out-patient visit, you will be able to start walking in either a cast or a removable walking boot.
- The boot is worn for 4-6 weeks, and then you are able to wear a shoe. The shoe should have an open back to prevent rubbing on the heel and tendon. You will be better with this shoe for about one month
- Physiotherapy is important part of your recovery
- You can expect swelling and tenderness at the back of the heel for about 4-6 months after surgery

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Main Risks Of Surgery

Swelling/Scar - Initially the foot and ankle will be swollen and needs elevating. The swelling will disperse over the following weeks and months but will remain evident for up to 6-9 months. The scar can cause irritation to begin with but usually settles to a great extent over the first 3 months.

Wound healing problems - The risk of serious wound healing problems is approximately 1%. It is important to keep the foot elevated over the first 10 days to reduce the swelling and risk of wound healing problems. In rare circumstances when the wound is problematic, further surgery can sometimes be required.

Infection - The risk of deep infection occurring is approximately 1%. You will be given intravenous antibiotics to help prevent this. It is important to keep the foot elevated over the first 10 days to reduce the swelling and risk of infection. If there is an infection, it may resolve with a course of antibiotics but may require a period of hospitalisation or rarely, further surgery.

Nerve damage - The sural nerve is close to the incision. This supplies sensation to the outside of the foot. This may rarely (1%) be damaged during the surgery and this may leave a patch of numbness on the outside of the foot. This numbness may be permanent would not affect function.

Deep Vein Thrombosis (DVT) - This is a clot of blood in the deep veins of the leg. The risk of a clot occurring is reported as less than 1% after foot and ankle surgery which is generally substantially lower than after hip or knee surgery. Suspicion of DVT is raised if the leg becomes very swollen and painful. There are tests that can be performed to confirm / exclude the presence of a DVT. If confirmed, you will probably require treatment with a blood thinning agent (heparin preparation and / or warfarin). The main concern with regards a DVT is that rarely (<1:1000 chance with foot and ankle surgery) a piece of clot can break away in the leg and travel to the lungs which is much more serious and can be life-threatening. This is called a pulmonary embolus and signs of this include chest pain and shortness of breath.

For the first 2 weeks following surgery it is likely that you will be treated with a blood thinning agent (LMWH - low molecular weight heparin injections) to minimise the risk of DVT / PE but this does not afford total protection and exercises to keep the toes and knee moving are advised, as well as remaining generally mobile.

If you are concerned that the leg has become more swollen and painful (some swelling always occurs after surgery), or if you experience chest pain / shortness of breath, then you should contact the hospital, general practitioner, or accident and emergency department immediately.

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Post-Operative Course

Day 1

- Leg in plaster
- Ice and elevate the foot
- Take pain medication
- Expect numbness in foot for 12 hours
- Bloody drainage through plaster expected
- Mobilise non-weight bearing with crutches for 2 weeks
- Keep the plaster dry until seen again at 2 weeks post surgery
- Treatment with LMWH injections likely for first 2 weeks

Day 10-14

- First follow-up in Out-patients Department
- X-rays taken
- Dressing changed, sutures are removed
- Boot or new cast is applied to the foot
- Weight-bearing in the cast as tolerated
- You may drive if the left foot is involved and you drive an automatic car

Week 4-6

- The boot / cast is removed
- Stretching exercises are begun
- Physiotherapy is important
- You can do a lot of therapy yourself each day

Sick Leave

In general 4 weeks off work is required for sedentary employment, 8 weeks for standing or walking work and up to 12 weeks for manual / labour intensive work. We will provide a sick certificate for the first 2 weeks; further certificates can be obtained from your GP.

Driving

If have an AUTOMATIC VEHICLE and ONLY LEFT leg surgery then it is likely you will be allowed to drive after your outpatient review at 2 weeks post surgery. If you have a MANUAL VEHICLE or RIGHT leg surgery then you will NOT be able to drive until 6 weeks post surgery.

These notes are intended as a guide and some of the details may vary according to your individual surgery or because of special instructions from your surgeon.

sussexfoot&anklecentre

The Sussex Foot & Ankle Centre was founded in 2005 by two orthopaedic surgeons, David Redfern and Stephen Bendall, with the aim of providing a high quality specialist service for the diagnosis and treatment of all foot and ankle problems. Both orthopaedic surgeons are specialists in problems affecting the foot and ankle and have many years of experience. They operate the service with outpatient clinics at the Brighton and Haywards Heath Nuffield Hospitals.

The sussex foot and ankle center strives to provide the best advice and treatment for all foot and ankle problems. This includes sports injuries and trauma, bunions, metatarsalgia, and arthritis. Both surgeons have particular interests in minimally invasive surgery and are at the forefront of developing such techniques in this country.

Both surgeons are also academically very active and have appointments within the national (BOFAS) and international (EFAS) professional foot and ankle surgery societies.

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