

ACHILLES TENDON REPAIR POST-OPERATIVE GUIDELINES

INITIAL SURGICAL DRESSING

A gauze dressing will be covered by a very padded cast. This cast is too wide to accommodate a rubber walking boot. Caution is used to avoid sliding when the cast is resting on a hard floor surface. Occasionally, the cast needs to be decompressed if the pain control is not gained by 36 to 48 hours postoperative.

BED REST, ELEVATION, AND WEIGHTBEARING

Bed rest is prescribed for at least two days after operation. During the period of bed rest, the feet are elevated above the level of the heart. After the period of bed rest, progress with sitting with the operated foot (feet) elevated at chair level. Progressing with ambulation around the house is encouraged. Confinement to the house for the first week is recommended.

Partial weightbearing is allowed after the first 24 hours when getting up to go to the bathroom. During the first 24 hours, effort is made to avoid weightbearing on the ball of the foot; with the crutches, place weight as lightly as possible on the heel. After the first 24 hours, approximately 25% of one's weight is placed on the foot. Full weight bearing is allowed with a cane about 2 weeks after operation.

CRUTCHES/WALKER/CANE

Crutches are used for about 3 weeks and then the crutches are usually discarded in favor of a cane.

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BANDAGES, CASTS, AND WALKER BOOTS.

The initial cast is changed at two weeks postoperative. At the time of this cast change the foot will still be angled downward to protect the repair. You will go to the brace shop immediately after the cast change to have a heel wedge placed under the heel to fit the cast shoe. This wedge allows for better weight bearing with the downward position of the foot. At 4 weeks after operation, the cast is split to make a removable “bivalve” cast. It is held in place with Velcro straps. The cast is used day and night but removed for exercises and showering.

FOOTWEAR AND ELASTIC STOCKING

At about 8 weeks postoperative, transition to a **modified** shoe is made. The shoe is modified by a brace shop or shoe repair shop by adding a fixed ¾” elevation to the **outside** of the shoe. It is important to have this modification done well before the 2 month post-operative visit. It is advisable to have the modification done for two shoes, laced shoes. The elevated heel is usually used for about 3 months (until 5 months after the surgery). The elevated heel makes walking smoother and protects the tendon.

SHOWERING, SUTURES, AND DRIVING

The initial cast should be kept dry. This can be done with double trash bags bound tightly at the knee with a strong rubber band. Commercially available “cast guards” are available through the internet. Search on Google using the term Cast Guard. The showering cast guards are also available at some orthopaedic supply stores.

Sutures are removed at two weeks postoperative.

When operation is on the **right**, driving is usually started at about 10 weeks postoperatively. It may be advisable to rent a conversion device that allows braking with the left foot for the first 2-½ months after repair, if the right side is involved. If the operative side is on the left, driving may be started two to three weeks postoperative. Earlier driving may cause increased swelling on the right as it is in a dependent position.

REHABILITATIVE EXERCISES

First week: Isometric exercises are begun on the day of surgery as soon as able. Tighten the muscles of the foot and leg for 20 seconds, relax briefly and repeat. A “set” of isometric contractions is 5. Make an effort to do one set of isometric contractions every two hours of the waking day until ambulating with full weightbearing and without a cast.

After four weeks, massage is started when the bivalve cast is made. Use both hands to grasp the ankle and the foot (including the toes). Apply progressively greater pressure with the hands. A massage set is 5 20-second hand applications. Do 4 or 5 sets per day in the initial two weeks of massage, then reduce the massage sets as motion exercises become emphasized.

Formal physical therapy is prescribed beginning with the time that a removable device is used. The physical therapy will emphasize maximizing calf strength, , and in the later phases of physical therapy, emphasis will be placed on developing maximum smoothness of walking (gait).

SKIN CARE

Skin care is to begin when a removable device is used. At that time, soften the skin with Vaseline, vitamin E ointment, or a thick hand lotion like Curel. When using Vaseline, cover the whole foot with a light amount of Vaseline and wipe away any excess. Do 2 or 3 times a day.