Management of Achilles Tendon Rupture
The Achilles tendon is a large rope-like band of fibrous tissue in the back of the ankle that connects the powerful calf muscles to the heel bone. When the calf muscles contract, the Achilles tendon is tightened, pulling the heel bone. The Achilles tendon is very important when walking, running, and jumping. A complete tear through the tendon is called an Achilles tendon rupture.

Achilles tendon rupture is most common in men in their 4th decade. Approximately 15-20% of patients have symptoms of Achilles tendonitis before rupture. Over 75% are associated with playing ball sports. Other risk factors include some antibiotics and steroid injections into the tendon.

How will I be diagnosed?

A doctor will examine you to confirm the diagnosis of ruptured Achilles tendon. Occasionally an ultrasound scan is used to confirm this.

What is the treatment for a Ruptured Achilles Tendon?

There are non-surgical and surgical options to treat a ruptured Achilles tendon. Both treatments require a period of protection with early motion in order to allow the tendon to heal yet not cause the ankle to get stiff.

Surgery for ruptured Achilles tendon allows faster rehabilitation and a lower rate of re-rupture. Non-surgical treatment involves slower rehabilitation at the beginning, but without the risks associated with having an operation. The end outcomes of both non-surgical and surgical management are the same.

What is involved in this operation?

Under a general anaesthetic, a small incision is made in the back of the heel and calf to allow the Orthopaedic Surgeon to stitch the ends of the tendon together. This is then closed with stitches that do not need to be removed. The repair is then protected with a half-plaster known as a backslab, which holds your foot in a pointed toe position.

What can I expect after the operation?

You cannot take any weight through the leg for 4 weeks. This means you will be hopping on your other leg, so as not to take weight on your affected foot. A Physiotherapist will show you how to do this safely with crutches. Most patients are able to go home on the day of surgery. The ward Nurses will ensure you have adequate pain medication to be comfortable before you go home.
After 2 weeks, the backslab will be replaced by a hinged brace. This brace protect your ankle from certain movements while the tendon is healing. You will then begin outpatient Physiotherapy to give you home exercises to aid your recovery.

After 4 weeks, the brace will be changed to allow slightly more movement of your ankle and you will then be allowed to take weight on the leg when walking in the hinged brace.

After 8 weeks, you can discard the brace entirely.

**Are there any risks or complications with the operation?**

There are some risks associated with surgery, including:
- Re-rupture
- Problems with wound healing
- Infection
- Bleeding
- Pain
- Injury to nerves
- Blood clots- such as deep vein thrombosis (DVT) and pulmonary embolism (PE)
- Not returning to activity as quickly as you would like

**What if I do not have the operation?**

There is no risk of wound healing or infection- as you have not had surgery. However the rate of re-rupture is higher if you do not have the operation. Your recovery will be slower in the first 8 weeks.

**Will there be any Physiotherapy?**

Yes. You will start physiotherapy at 2 weeks if you have the operation and 4 weeks if you do not have operation. They will give you exercises for you to do at home and guide you in your recovery.

**When can I return to sports?**

You may begin light jogging at 3 months. You may return to sports at 6 months. The same can be expected from surgical and non-surgical management.
These exact timeframes may vary slightly and will ultimately be decided by your Orthopaedic Surgeon and your Physiotherapist.

When can I return to driving?

You must be free of pain and able to perform an emergency stop. This will also depend on which foot was operated on (right or left). If you have had left sided surgery and drive an automatic car you may be able to drive 2-4 weeks following surgery. Your insurance company must be notified regarding the type of operation that you have undergone to ensure that cover is valid.

What should I do if I have a problem?

If you experience severe pain, excessive swelling, inflammation or discharge please report it to your GP. If you cannot contact your GP you should contact A&E.

Further information and advice
For further information and advice please contact NHS direct 24 hours a day on 0845 4647 or www.nhsdirect.co.uk.

You can contact our Patient Advice and Liaison Service (PALS) on freephone 0800 7838058 or pals@dchft.nhs.uk

Dorset County Hospital
Williams Avenue
Dorchester
Dorset DT1 2JY
Switchboard: 01305 251150
Fax: 01305 254155
Minicom: 01305 254444
e-mail: headquarters@dchft.nhs.uk
website: www.dchft.nhs.uk

Information sheet author: Aimee Johnston, Nick Savva
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