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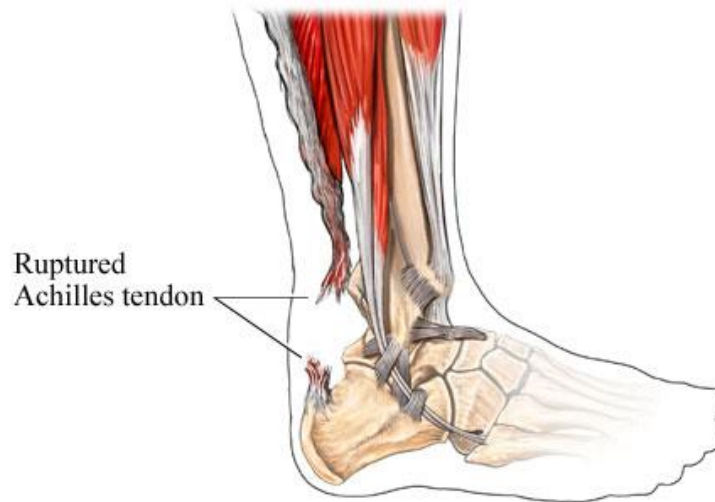
Information

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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 and is commonly associated with racquet sports such as badminton and squash. With a rupture it is often very difficult or impossible to go up on your toes on the affected side.

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 Ruptured Achilles Tendon?

There are non-surgical and surgical options to treat a ruptured Achilles tendon, however, recent evidence has shown that, in either case, if functional rehabilitation is started early then the end results and the risk of re-rupture are similar. 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 at the beginning and immediate weight bearing in the protective boot. Non-surgical treatment involves slower rehabilitation at the beginning, with a short period of non-weight bearing, but without the risks associated with having an operation.

What if I do not have the operation?

There is no risk of wound healing or infection – as you have not had surgery. Your recovery will be slower in the first 4 weeks.

At the beginning of your treatment you will have a plaster which keeps your foot in a pointed toe position. You cannot take any weight through your injured leg which means you will have to hop on your other leg. You will be shown how to do this safely with crutches before you go home.

After 2 weeks the plaster will be replaced by an adjustable boot which will fix your foot in a pointed toe position. You can start putting some weight through your leg at this stage with the crutches.

After 4 weeks your boot will be adjusted to a position where your foot is at a right angle to your leg. You will start outpatient physiotherapy who will give you home exercises to aid your recovery. Over the next 2 weeks, you can continue to increase the weight you are taking through your leg up to the point where you are taking your full weight through your leg.

At 6 weeks the boot is adjusted again to allow free movement of the ankle and at this stage you should be walking without the need for crutches.

At 8 weeks you can discard the boot completely but you may need a heel raise if your ankle is stiff when pulling your foot towards you.

What is involved in the 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.

What Can I expect after the operation?

Immediately after your operation, you will be fitted with an adjustable boot which will initially be fixed in a position where your foot is pointed. This boot protects your ankle from certain movements while the tendon is healing. You will be allowed to take weight through your leg straight away with the boot on. 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 boot will be adjusted to allow more range of movement of the ankle and you will start outpatient physiotherapy who will give you home exercises to aid your recovery.

The boot is then adjusted every 2 weeks to allow gradually more movement at the ankle. This can be done by your physiotherapist.

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. These include:

- 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
- stiffness
- further surgery if something goes wrong
- Chronic Regional Pain Syndrome

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 the operation. They will give you the exercises for you to do at home and guide you in your recovery.

When can I return to sports?

You may begin light jogging in 3 months. You may return to sports in 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.

Consent

If you do have the operation, we must by law obtain your written consent to this procedure beforehand. Staff will explain all the risks, benefits and alternatives before asking you to sign a consent form. If you are unsure about any aspect of the treatment proposed, please do not hesitate to speak with a senior member of staff.

What should I do if I have a problem?

If you experience severe pain, excessive swelling, inflammation or discharge or if you suspect you may have signs and symptoms of a Deep Vein Thrombosis such as a hot, painful and swollen calf please seek urgent medical attention

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