



Achilles Tendon Repair

Discharge Instructions

Comfort

- Discomfort increases 24-48 hours after surgery due to the injected medication wearing off. This can be helped by oral pain medication. It is safe and normal.
- **Cold therapy** – This will greatly reduce pain and will help with swelling for the first three days.
 - You may use it 20 minutes on, 20 minutes off, as often as you wish.
 - Always keep a cloth barrier, such as a towel, between the cold and your skin.
- **Elevation** -- Swelling and discomfort will be greatly reduced if you are able to keep the ankle above the level of your heart as much as possible for the first 48-72 hours.
- **Medication**
 - For **anticoagulation** – you **MUST** take one 81mg aspirin daily for the first two weeks to help prevent blood clots. This is the only mandatory medication.
 - For **nausea** – Zofran (ondansetron) as needed.
 - For **constipation** – over the counter remedies such as Colace or Miralax as needed. Both the anesthesia and the pain medication can cause constipation.
 - For **pain** – A narcotic pain medication will be prescribed for you if it is deemed safe with your history and allergies – use only if needed. Try to manage your pain with ice and Tylenol and use the narcotic sparingly. Common side effects such constipation, nausea and cognitive impairment may occur. Tylenol can be used as a step-down medication and is recommended as soon as possible. It is very common however, to use the pain medication at night to help sleep better.

Activity

- You will be non-weight bearing with crutches and in a CAM walker boot for the first two weeks.
 - You may remove the boot to shower, but you should wear it to sleep.
- When you are seated, elevate the foot and ankle above the level of your heart to decrease swelling.
- Your ankle will be immobilized in the CAM walker boot, but you can work on bending and extending your toes to promote blood flow.
- Driving – It is not safe to drive while wearing the CAM walker boot or while taking the narcotic pain medication.
 - Please bear in mind we want you to be safe and comfortable when you return to driving - this is a sliding scale depending on your progress.

Wound Care

- Your incision is covered by an absorbent pad, cotton bandage, an ACE wrap, and either a splint or a CAM walker boot.
 - If the ACE wrap feels too tight, you may loosen it and rewrap it, but do not disturb the cotton bandage underneath.
 - Please do not remove the bandage completely. It was applied under sterile conditions in the OR and we do not want bacteria near the incision.
- Please **do not shower** unless you have a way to avoid getting the bandages wet. Waterproof protective bags are sold online and at many pharmacies.

Diet

- You may eat anything you like, but it's advisable to choose light, easily digestible foods and to drink plenty of water the day after surgery.
- Some people experience nausea as a temporary reaction to anesthesia.

Call your physician if:

- You notice drainage on the cotton bandage.
- You develop a temperature over 100.3 degrees.
- You have persistent pain **and/or** swelling in your calf.
- The incision and surrounding area becomes hot to the touch, red, intolerably painful, or swells suddenly.
 - (Note *some* warmth, pain, and swelling are normal.)
- You have any questions or concerns. We are happy to talk to you at any time! If it is after hours, our answering service will page the PA on call and he or she will get in touch with you.

Recovery Milestones:

Physical therapy will begin **one month after your surgery**. Once you begin PT, you must do the exercises **daily**.

Overview

- Week 0-2: non-weight bearing in CAM walker boot with crutches
- Week 2-4: partial weight bearing in CAM walker boot with crutches
- Week 4: PT begins. Full weight bearing in CAM walker boot with crutches / cane. Discontinue wearing boot at night.
- Week 6-8: discontinue boot and use heel lift. Discontinue crutches / cane when gait is not antalgic.

Physical Therapy Protocol

The following instructions are intended for your physical therapist and should be brought to your first physical therapy visit, which should occur 1 month after the day of surgery. We usually refer to this recovery period in phases.

PHASE I – Weeks 0-4

Goals: Protect the repair, minimize edema and inflammation

Week 0-2:

- CAM walker boot **at all times**
- Non-weightbearing with crutches

Week 2-4:

- CAM walker boot **at all times**
- Partial weightbearing with crutches

PHASE II – Weeks 4-6

Goals: Protect the repair, gradually transition to WBAT, begin physical therapy

Precautions: avoid dorsiflexion / stretching of the Achilles

Week 4-6:

- CAM walker boot only for daytime use
- Full weightbearing as tolerated with crutches or cane for balance

Exercises:

- **NO passive Achilles stretching**
- AROM from full plantar flexion to neutral with knee flexed
- ROM for Inversion and eversion
- Stationary bike with NO resistance – Wearing CAM walker boot
- Proximal muscle progressive resistance exercise
- Gait training in pool (if available)
- Modalities PRN

PHASE III – Weeks 6-8

Goals: Normalize gait, continue strengthening

Precautions: avoid dorsiflexion / stretching of the Achilles, avoid any pain-producing exercises

Week 6-8:

- Discontinue CAM walker boot as tolerated and begin use of heel lift
- Discontinue crutches when normal gait is restored

Exercises:

- **NO passive Achilles stretching**
- Light resistance with plantar flexion
- Dorsiflexion isotonic exercises with knee flexed
- Light resistance with eversion / inversion isotonic exercises
- Stationary bike
- Modalities PRN