

## What to expect

### Expected hospital stay:

2-3 nights. You are discharged when you are confident and comfortable.

### Anaesthetic:

A combination of an ankle block and general anaesthetic is used for the surgery.

### Can I walk?

You may not put any weight on your operative foot, however you may use crutches, frame or wheelchair, but you must rest and elevate your foot (23 3/4 hours a day) for 1-2 weeks after the procedure.

### Can I shower?

You may shower but keep your cast and dressing dry & intact.

### How long does the postoperative cast stay on?

The first cast remains on for 1-2 weeks after the surgery. After this time the cast is replaced with an adjustable CAM Walker for a further 6-8 weeks.

### When can I walk?

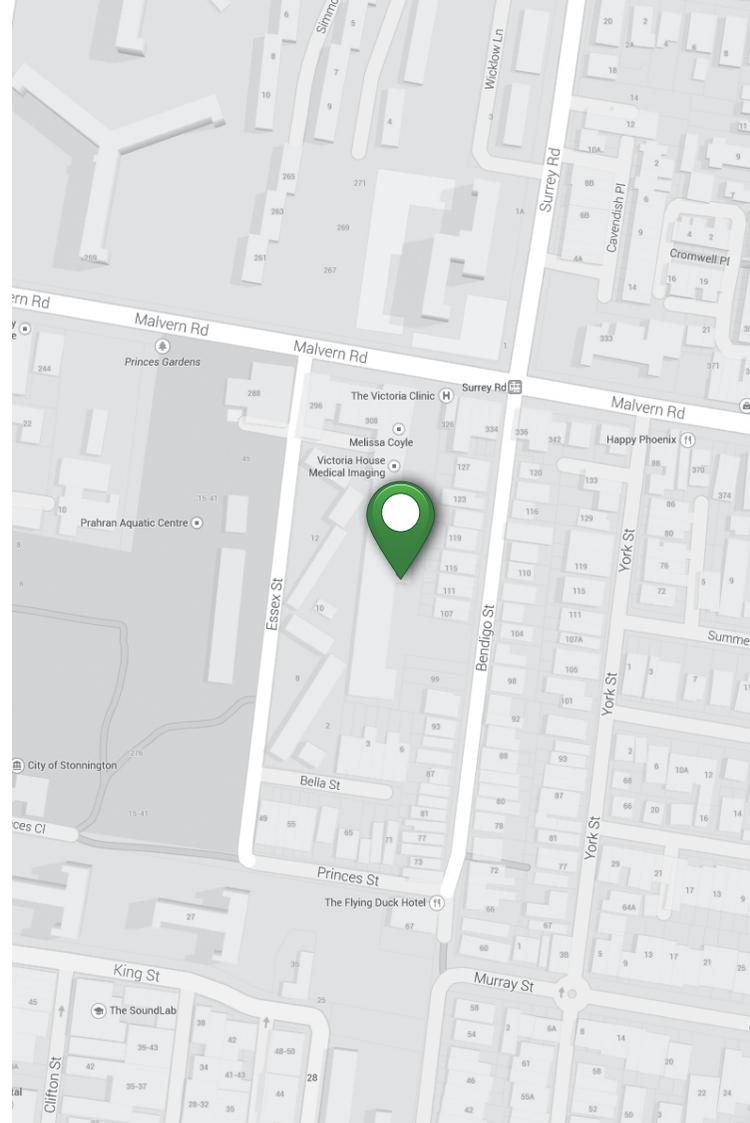
Generally after 6-8 weeks.

### When can I resume normal activities?

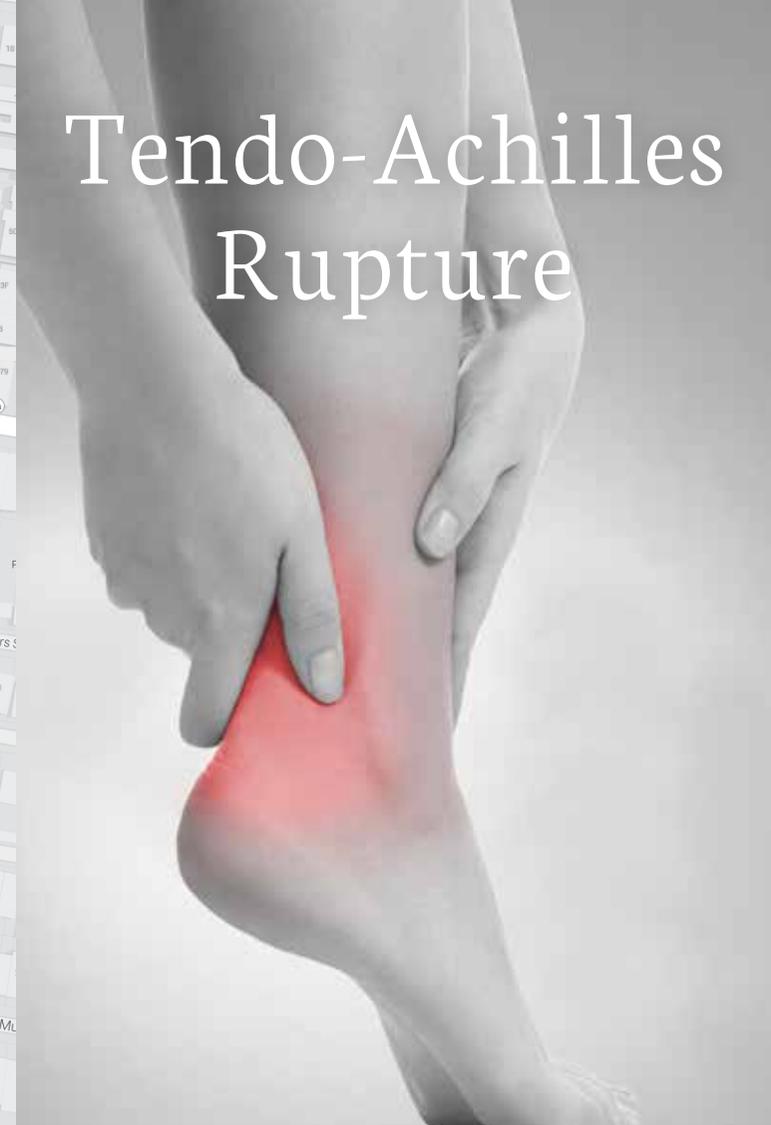
After the two week mark, a slow increase in activity is encouraged. It will take 2-4 months to feel the benefits of the surgery, it may take 1-2 years to fully settle.

### When can I return to work?

If you have a sedentary job you will need at least 2 weeks off. If you have an active job where you stand or walk you will probably require 2-3 months off work.



# Tendo-Achilles Rupture



**Orthopaedic Foot and Ankle Centre of Victoria**  
Level 1 Victoria House, 316-324 Malvern Rd  
Prahran VIC Australia 3181

*Operating from Epworth Richmond*

Phone 1300 131 886 Fax 03 9510 0111

Email [edwards.secretary@vicfoot.com](mailto:edwards.secretary@vicfoot.com)

[www.bunionsurgery.net.au](http://www.bunionsurgery.net.au)



**MR WILLIAM EDWARDS**  
Orthopaedic Foot & Ankle Surgeon

*M.B., B.S., DIP. ANAT., M.S., F.R.A.C.S. (ORTHO.), F.A.ORTH.A*

## Tendo-Achilles

### **Acute Rupture:**

The Achilles tendon is the most commonly ruptured tendon in the human body. Playing sports is the most common reason why a Tendo-Achilles rupture occurs.

It is most commonly reported in patients aged 30-40. Often patients describe hearing a pop, which is followed by sharp pain, tenderness and weakness.

Full strength is rarely fully regained without the aid of surgical intervention after an Achilles rupture. Clinical diagnosis in isolation is common but an ultrasound is a useful supporting diagnostic test.

Conservative treatment is generally not recommended for people who wish to lead an active lifestyle.

### **Chronic Rupture**

Some tendo-Achilles ruptures are diagnosed late and the management of these differs to that of an acute rupture due to the retraction of the tendon ends.

Operative management is the preferred treatment and may involve the use of tendon transfers, allografts and/or synthetic grafts.

Generally, the long term outlook for chronic ruptures are the same as acute ruptures.

## Tendo-Achilles Repair

The most common treatment is surgical repair. This can be managed conservatively however surgical options are more reliable in the active age groups.

The benefit of surgery is that maximum strength of the tendon is regained. Mr Edwards has an integral role, as he must ensure the correct tension and length of the tendon.

After the surgery the patient is placed in a cast for approximately two weeks. At the follow-up appointment this cast is generally replaced with a CAM boot. The patient remains non weight bearing for 6-8 weeks post surgery.

After this time, the patient will weight bear in the CAM boot for 2-3 weeks, then progress into a supportive shoe with a heel raise.

Rehabilitation is vital. Physiotherapy and hydrotherapy should be undertaken to facilitate recovery. Explosive sport should be avoided for at least 6 months.