

Achilles Reconstruction & Calcaneal Osteotomy

INTRODUCTION

The Achilles tendon attaches the calf muscles to the heel bone (calcaneum). The Achilles tendon can become damaged or degenerate (ie *tendinopathy*) in the area where it attaches to the heel bone. The tendon can suffer further damage when there is a prominent bump present at the back of the heel. This causes pain at the back of the heel with inflammation and swelling.

THE SURGERY

Achilles reconstruction involves a number of steps:

- General anaesthetic and IV antibiotics
- Prone position on the operating table
- Tourniquet around the thigh
- Incision over the Achilles tendon and heel
- Elevation of the tendon off the bone and debridement of abnormal tendon
- Removal of the bony bump (calcaneal osteotomy)
- Re-attachment of Achilles tendon to the heel bone with suture anchors
- Closure of incision with sutures
- Local anaesthetic block
- Surgical camboot (VACOcast)

GUIDELINES FOR POST-OP RECOVERY

HOSPITAL ADMISSION

- In hospital for 1 night, IV antibiotics

FIRST 2 WEEKS

- Elevate foot and rest
- Strictly NON-WEIGHTBEARING in boot
- Mobilise with knee scooter/crutches/frame
- Boot and dressings to stay dry and intact
- Strong painkillers as required
- Aspirin 100mg & Vitamin C 1g per day
- Antibiotics for 5 days
- Wiggle toes to encourage circulation

2 WEEK POST-OP APPOINTMENT

- Review by nurse & removal of dressings and sutures

WEEKS 3-6

- Keep ankle/incision dry for 1 week further
- Surgical boot on at ALL times, including in bed, except for rehab exercises & showers (seated with shower chair)
- Elevate foot when resting
- Daily scar massage from 3 weeks post-op
- Continue Aspirin 100mg & Vitamin C 1g per day
- Podiatry/physiotherapy review (arrange first appointment 2-5 days after 2-week post-op check)
- **REHAB - PODIATRY/PHYSIOTHERAPY:**
 - Joint mobilisation, soft tissue manipulation, nerve desensitisation
 - Commence gentle active and passive ankle, midfoot and forefoot ROM exercises
 - Commence partial weightbearing, and progress up to full weightbearing as tolerated - in surgical boot for all weightbearing
 - Exercise bicycle with surgical boot on
 - General upper body, core, hip and knee exercises

6 WEEK POST-OP APPOINTMENT

- Review by Dr Zilko

WEEKS 7-12

- **PODIATRY/PHYSIOTHERAPY:**
 - Transition out of boot into normal supportive shoes
 - Gait re-training
 - Exercise bicycle +/- elliptical trainer in normal shoes
 - Continue lower limb strength and conditioning, progress to eccentric strengthening

12 WEEK POST-OP APPOINTMENT

- Review by Dr Zilko

FROM 12 WEEKS

- **PODIATRY/PHYSIOTHERAPY:**
 - Work-specific or sport-specific training
 - Safe to commence open-chain impact/light jogging
 - Return to sport from 4-6 months post-op

Full recovery is usually 6-12 months.

Every patient's recovery is individual and depends on the severity of the injury/disease and complexity of the surgery.

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