Operation Information

Repair of Achilles Tendon

Introduction
Achilles tendon is the largest and strongest tendon that connects the calf muscles to the heel bone. It is important for pushes the foot down during the activities such as walking, running, and jumping. The tendon is strong but it can be ruptured by sudden force on the foot or ankle. Therefore, the tendon is vulnerable to injury.

There are two types of surgery to repair a ruptured Achilles tendon which are open or percutaneous surgery. Both types of surgery through the incision(s) to sew the tendon back together. Doctor only recommended this operation for the patient when symptoms become severe and interfere with daily life and have no more effect on non-surgical treatments. The decision to operate should be discussed with your doctor.

Outcomes
The expected outcomes of this operation are to reconnect the calf muscles with the heel bone in order to restore push off strength. It is significant help to relieve pain and inflammation. Also, it can improve circulation to the Achilles tendon and let your tendon back to normal. The exact perform are individualized for each patient and the benefits also vary.

Procedures
Open Surgery:
1. This operation can be performed under general anaesthesia;
2. Makes a large incision in the back of the leg;
3. The damaged tissue(s) are removed;
4. Sew the tendon back together;
5. Wound are closed with stitches and padded with a sterile dressing.

Percutaneous Surgery:
1. This operation can be performed under general anaesthesia;
2. Make a cut down the back of your heel;
3. Sew the tendon back together;
4. Wounds are closed with stitches and padded with a sterile dressing.

Possible Risks and Complications:
- Skin Infection
- Haemorrhage
- Nerve damage
- Re-rupture
- Decreased range of motion
- Delayed wound healing
- Scarring

** The risks listed above are in general terms and the possibility of complications is not exhaustive. Please understand that even though all operations are carried out with utmost professionalism and care this does not rule out the possibility of complications arising. In the event of peripheral organ
damage or post-operative haemorrhage or leakage, further operations may be required.

**Pre-operative Preparations**

1. The procedure and possible complications will be explained by the doctor and a consent form must be signed prior to the operation.
2. Please inform the doctor and nurse all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia.
3. Routine blood test, X-Rays and MRI are commonly required.
4. You will be asked to fast (not eat or drink) for **at least six hours before** the operation to comply with safety precautions for anaesthesia.
5. Nurse will supply a surgical soap to you for wash the surgical area.
6. Please change into a surgical gown after removing all clothing including undergarments, dentures, jewellery and contact lenses.
7. Please empty your bladder before the operation.

**Post-operative Instructions**

**General**

1. After general anesthesia, you may:
   - experience discomfort in the throat after tracheal intubation.
   - experience side effects of anesthesia including feel tired, drowsy, nausea or vomiting.
   Inform the nurse if symptoms persist or worsen.
2. Please inform the nurse of wound pain. Proper pain relief treatment by injection or oral medication may be prescribed by the doctor.
3. You are encouraged to keep the operated leg elevated above heart level to decrease swelling and pain.
4. Full recovery can take 4 to 6 months depends on different health concern.
5. Physiotherapist may refer as your doctor’s advice for ambulatory training.

**Wound Care**

1. The wound is covered with a sterile dressing which must be kept clean and dry.
2. You may place in splint or cast from the toes to just below the knee.
3. Walking aids may be used in the early stages of recovery to aid mobility.

**Diet**

A normal diet may be resumed as instructed after recovery from general anaesthesia.

**Bearing Weight**

1. Your doctor will give you strict instructions about whether and when you can put weight on your foot.
2. From 2 to 6 weeks, ankle motion is often allowed and encouraged. You may allowed to begin weight bearing in a walking boot, a cast is sometimes used instead of a boot.

**Advices on Discharge**

1. Any strenuous activity at least the first 10 weeks after the operation should be avoided.
2. Please comply with the medication regime as prescribed by your doctor.
3. The wound must be kept clean and dry.
4. Keep your leg elevated as much as possible for the first few days after surgery. Apply ice pad as recommended by your doctor to relieve swelling and pain.
5. A leg brace should be worn to prevent further injury.
6. Immediately consult your doctor or return to hospital for professional attention in event of swelling.
or severe pain in your leg, ankle or foot, leg or foot turns purple, shivering, high fever (body temperature over 38°C or 100°F), or any other unusual symptoms etc.

7. Any follow-up consultations should be attended as scheduled.

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

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Compiled by Union Hospital Consent Form Committee

The above information is for reference only, please enquire your physician for details
Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification