

Hosp No. :	HKID No.:
Case No. :	
Name :	
DOB :	M / F
Adm Date :	
Contact No. :	

Procedure Information Sheet – Achilles Tendon Repair

1. Introduction

- 1.1. The Achilles tendon is the largest and strongest tendon in the body. It links the calf muscles to the heel bone. It produces the majority of force that pushes the foot down during walking or running.
- 1.2. When this tendon has been overloaded and completely ruptured, surgery is required to stitch the frayed edges back together.

2. Procedural Preparation

- 2.1. Tests may be ordered include X-Ray, ultrasonography or Magnetic Resonance Imaging (MRI) of ankle, blood tests, Chest X-Ray and Electrocardiogram (ECG).
- 2.2. The reason of operation, procedure and possible complications will be explained by the surgeon and consent form will be signed before operation.
- 2.3. Pre-operative anesthetic assessment will be performed. The anesthetic management and its possible risks will be explained by the anesthetist with consent for anesthesia signed.
- 2.4. Inform doctor for any drug allergy, regular medications or other medical conditions.
- 2.5. Do not eat or drink for 6 to 8 hours before operation.

3. Procedure

- 3.1. The operation will be performed under general or spinal anesthesia.
- 3.2. The surgeon will make a short incision along the back of the heel, opening up the skin. From here, the tendon can be accessed, pulled back into place and the free ends will be stitched together.
- 3.3. If the rupture is severe, surgeon may need to perform additional procedure to reinforce the heavily damaged tendon. Usually, this will involve using a small tendon taken from the heel and grafting it onto the Achilles tendon.
- 3.4. After the operation, the ankle will be immobilized in a cast (with toes pointing down) to prevent tearing of the stitches.

4. Recovery Phase

- 4.1. Elevation of the operated leg above heart level is encouraged to reduce swelling and pain.
- 4.2. If spinal anesthesia has been given, numbness sensation may be felt which last for 8 to 24 hours.
- 4.3. During early recovery period, the leg will be put into cast to prevent early tendon re-rupture.
- 4.4. If everything goes well, the cast will be replaced by a brace.
- 4.5. In most cases, complete non-weight-bearing on the operated leg need to be maintained for 3 to 4 weeks. Hopping on the other leg with walking aids is allowed, so as not to take weight on the affected foot.
- 4.6. Range of motion exercises and weight-bearing exercise maybe started 3 to 6 weeks after the repair according to doctor's instruction.
- 4.7. The usual total rehabilitation takes 6 to 12 weeks, some form of physiotherapy and/or self exercises are expected, but avoiding vigorous activities.
- 4.8. Running and restarting sports will generally not be possible until around 4 to 6 months after the operation.

5. Possible Risks and Complications

- 5.1. There are complications that relate to surgery in general. These include the risks associated with anesthesia, infection, damage to nerves and blood vessels, and bleeding or blood clots.
- 5.2. The operation for Achilles repair is rarely associated with major complication. Some people unfortunately do suffer a re-rupture of their tendon, and require further treatment or repair.

6. Discharge Education

- 6.1. Maintain good hygiene on foot to prevent wound infection or inflammation.
- 6.2. Wear removable and functional boot for protection according to doctor's instruction.

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- 6.3. Contact your doctor or attend Accident and Emergency Department if you have:
 - 6.3.1. Increased redness, swelling, pain or bleeding from the wound site.
 - 6.3.2. Fever more than 38 °C and rigor.
- 6.4. Take the analgesics as prescribed by your doctor if necessary.
- 6.5. Attend the follow-up visit in your doctor clinic.

7. Remark

- 7.1. The above-mentioned procedural information is not exhaustive, other unforeseen complications may occur in special patient groups or individual differently. Please contact your physician for further enquiry.

8. References

- 8.1. Achilles Tendon Repair. Orthopedic Surgery Resource for Doctors.
8.2. Ruptured Tendoachilles. The Hong Kong College of Orthopaedic Surgeons.

I acknowledged the above information concerning the operation or procedure. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Patient/ Relative Signature: _____

Patient/ Relative Name: _____

Date: _____

