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**Achilles Surgery FAQs**

**What is the recovery time after surgery?**

After this type of surgery, you will be placed in bandages for the week following your surgery. At your first post operative appointment we will remove the bandages to check your surgery site and place you into a walking boot, back into a post operative shoe or cast with your incision site re-wrapped to protect against infection.

**\*Please do not remove your bandages until your first post operative appointment\***

In some cases you ***can*** put weight on the foot after surgery however this is ***not recommended***. Recovery time varies based on the rest and elevation you give your foot after surgery, as well as the complexity of procedures and any additional procedures that may have been performed.

* PHASE I (surgery to **2** weeks after surgery)

| Appointments  | • Rehabilitation appointments begin 14-16 days after surgery RehabilitationSuture removal at 2 weeks (if needed) |
| --- | --- |
| Precautions | • Protection of the surgically repaired tendon • Wound healing Precautions • Continuous use of the boot in locked plantarflexion (20-30°) • Touchdown weight bearing (TDWB) using the axillary crutches • Keep the incision dry • Watch for signs of infection • Avoid long periods of dependent positioning of the foot during the first week to assist in wound healing  |
| Cardiovascular Exercise | • Upper Body Ergometer (UBE) circuit training |
| Progression Criteria | • Two weeks after surgery |

* PHASE II (begin after meeting Phase 1 criteria, usually **3 -4** weeks after surgery)

| Appointments  |  • Rehabilitation appointments are 1-2 times per week |
| --- | --- |
| Rehabilitation Goals  | • Normalize gait with weight bearing as tolerated (WBAT) using the boot and axillary crutches • Protection of the post-surgical rep• Active dorsiflexion to neutral |
| Suggested Therapeutic Exercise  | • Ankle range of motion (ROM) with respect to precautions • Pain-free isometric ankle inversion, eversion, dorsiflexion and sub-max plantarflexion • Open chain hip and core strengthening Cardiovascular Exercise • Upper extremity circuit training or UBE Progression Criteria • Six weeks post-operatively • Pain-free active dorsiflexion to 0° • No wound complications. If wound complications occur, consult with a physician |

* Phase III (begin after meeting Phase II criteria, usually **6 to 8** weeks after surgery)

| Appointments  | • Rehabilitation appointments are once-twice a week  |
| --- | --- |
| Rehabilitation Goals  | • Normalize gait on level surfaces without boot or heel lift • Single leg stand with good control for 10 seconds • Active ROM between 5° of dorsiflexion and 40° of plantarflexion  |
| Precautions  | • Slowly wean from use of the boot: Begin by using 1-2 ¼ inch heel lifts in tennis shoes for short distances on level surfaces then gradually remove the heel lifts during the 5th and 8th week• Avoid over-stressing the repair (avoid large movements in the sagittal plane; any forceful plantarflexion while in a dorsiflexed position; aggressive passive ROM; and impact activities)  |
| Suggested Therapeutic Exercise  | • Frontal and sagittal plane stepping drills (side step, cross-over step, grapevine step) • Active ankle ROM • Gentle gastroc/soleus stretching • Static balance exercises (begin in 2 foot stand, then 2 foot stand on balance board or narrow base of support and gradually progress to single leg stand) • 2 foot standing nose touches • Ankle strengthening with resistive tubing • Low velocity and partial ROM for functional movements (squat, step back, lunge) • Hip and core strengthening • Pool exercises if the wound is completely healed  |
| Cardiovascular Exercise  | • Upper extremity circuit training or UBE |
| Progression Criteria  | • Normal gait mechanics without the boot • Squat to 30° knee flexion without weight shift • Single leg stand with good control for 10 seconds • Active ROM between 5° of dorsiflexion and 40° of plantarflexion |

* PHASE IV (begin after meeting Phase III criteria, usually **8** weeks after surgery)

| Appointments  | • Rehabilitation appointments are once every 1 - 2 weeks  |
| --- | --- |
| Rehabilitation Goals  | • Normalize gait on all surfaces without boot or heel lift • Single leg stand with good control for 10 seconds • Active ROM between 15° of dorsiflexion and 50° of plantarflexion • Good control and no pain with functional movements, including step up/down, squat and lunges  |
| Precautions  | • Avoid forceful impact activities • Do not perform exercises that create movement compensations Rehabilitation Guidelines for Achilles Tendon Repair  |
| Suggested Therapeutic Exercise  | • Frontal and transverse plane agility drills (progress from low velocity to high, then gradually adding in sagittal plane drills) • Active ankle ROM • Gastroc/soleus stretching • Multi-plane proprioceptive exercises – single leg stand • 1 foot standing nose touches • Ankle strengthening – concentric and eccentric gastroc strengthening • Functional movements (squat, step back, lunge) • Hip and core strengthening  |
| Cardiovascular Exercise  | • Stationary bike, Stair Master, swimming  |
| Progression Criteria  | • Normal gait mechanics without the boot on all surfaces • Squat and lunge to 70° knee flexion without weight shift • Single leg stand with good control for 10 seconds • Active ROM between 15° of dorsiflexion and 50° of plantarflexion |

* PHASE V (begin after meeting Phase IV criteria usually **4 months after surgery**)

| Appointments  | • Rehabilitation appointments are once every 1-2 weeks |
| --- | --- |
| Rehabilitation Goals  | • Good control and no pain with sport/work specific movements, including impact  |
| Precautions  | • Post-activity soreness should resolve within 24 hours • Avoid post-activity swelling • Avoid running with a limp  |
| Suggested Therapeutic Exercise  | • Impact control exercises beginning 2 feet to 2 feet, progressing from 1 foot to other and then 1 foot to same foot • Movement control exercise beginning with low velocity, single plane activities and progressing to higher velocity, multi-plane activities • Sport/work specific balance and proprioceptive drills • Hip and core strengthening • Stretching for patient specific muscle imbalances  |
| Cardiovascular Exercise  | • Replicate sport/work specific energy demands |
| Progression Criteria  | • Dynamic neuromuscular control with multi-plane activities, without pain or swelling |

**Is physical therapy necessary after surgery?**

No. You may find that you have some muscle weakness after surgery so regaining your strength is also important. A physical therapist can help you with your gait and balance, however in some cases these are all things that you can do yourself at home. This is typically started a few weeks after the procedure and is continued until your goals are met. Please ask Dr. Claydon at your post operative appointment if you are interested in physical therapy or are wondering if it is necessary for your recovery,

**What are the risks of surgery?**

All surgery has some inherent risks. While relatively rare in foot and ankle surgery, we feel it is important to inform our patients of possible complications. We go over possible complications in detail during the signing of your surgery consent. Some of the more common complications are: **Poor wound healing:** Very rarely (<1%), a patient will have slow or poor wound healing. This would result in waiting longer to allow the incision to get wet, this is more common in patients that don’t elevate frequently enough or are putting weight on their foot unnecessarily. **Infection:** While very rare (<1%), if this occurs you would need antibiotics. If you are experiencing increased redness and swelling and you suspect infection please call our office to make an appointment at 530-271-5879, or if you are experiencing fever over 100, shortness of breath and chest pain, purulent discharge or other severe symptoms and cannot reach our office, please call your local urgent care or emergency department. \*Keeping your foot elevated and your weight off of it as well as keeping your bandages on are the best ways to prevent against infection\*.  **Blood clots:** Also, very rare (1%). Please inform us if you have a personal or family history of blood clots, as this can increase your risk. **Numbness:** Patients should expect some mild numbness around their incisions that typically goes away after a few weeks. Occasionally some numbness may persist. This should not affect your activity, but you will notice numbness to the touch. **Continued Pain:** Surgery is not 100% guaranteed. You may continue to have pain, or develop new pain after surgery. In these cases we will continue to evaluate and monitor you throughout the post op recovery. At some point, we will look further into the problem to see if you require more PT, additional therapy (i.e. injections), or an additional surgery.

\*Smoking, early weight bearing, and diabetes increase these risks. In an otherwise healthy patient, who is compliant with the post op recovery, these risks are less likely but not impossible\*

**What type of anesthesia is used?**

Most of our procedures are done with local anesthesia while you are in a twilight sleep, for more complicated or larger procedures you will be put to sleep with general anesthesia. Your foot will be injected with a numbing agent by Dr. Claydon before the procedure starts that will wear off the same day. More complicated procedures may require a nerve block which can last 24-48 hours. You will speak with your anesthesiologist prior to and on the day of surgery to discuss what type of anesthesia will be performed in more detail, including the risk of anesthesia.

**Do I have to stay overnight?**

No. Most of our surgeries are outpatient. You typically come in 2 hours before your procedure and stay about 1-2 hours after the procedure. Please leave the whole day open, as procedure times may change unexpectedly.

**What medications are prescribed after the procedure?**

Pain: If you wish to have your medications prescribed before the surgery, you will need to contact the office at least one week prior and provide reasoning for receiving your medications early. This is important, as you will be prescribed opioid medications, which are a controlled substance. Dr. Claydon will prescribe pain medication for you which can be made available to you the day before or the day of surgery. Over the counter options for pain management are as follows: Ibuprofen (600mg every 6 hours) and Tylenol (650mg every 6 hours), you may alternate these with the medication you were prescribed, or take these as necessary if you requested no prescription be set up. Blood clot prevention: Any blood pressure or blood clot prevention medications that you are currently taking should be stopped 3 days before your procedure, and can be resumed after.

**What can I use to make my life easier after surgery and can I buy it ahead of time?**

Recovering after surgery is hard. There are multiple things we can recommend to help make it slightly better: Crutches or a walker can be helpful in getting around, but they make it easy for you to put weight on your foot so we don't recommend them, however if they are something you already have at home and you do not wish to buy new equipment, we encourage you to use what you have and the following products are only suggestions and are not necessary. **Knee Scooter:** Having a scooter can make getting around your house much easier. You can buy one online on websites such as Amazon, we also recommend checking facebook marketplace or other facebook yard sale groups that may have used scooters available. **I-walk:** A small population does well with something called an I-walk. This looks like a pirate’s peg leg and straps to your lower leg. You put your weight through your knee. This allows you to more easily do things like stairs and have your hands free. We don’t recommend this for minor procedures however more extensive or complicated procedures that will keep you non weight bearing for several weeks this could be helpful. We do not recommend this option to patients who have trouble with balance. **“Even Up”:** If you are given a boot or a heel wedge shoe, you may feel uneven on the opposite leg. You can purchase an Even Up online to use on the opposite foot over the shoe. This is especially helpful to prevent hip or knee pain due to being unbalanced. **Shower bag/cast bag:** For any procedure you will need to keep your foot dry for 2 weeks after the procedure. You can do this by putting a cover over your dressing. You may purchase this at any pharmacy or online. **Shower Chair:** If you do not have a bench in your shower/bath, you may purchase or rent a shower chair so you can sit as you bathe. *\*If you are in a cast or bandages we do not recommend getting your leg wet, getting your incision wet can cause dehiscence and infection, please call our office if your bandages are wet.* **Wedge Pillow:** Assists in elevation, can be purchased on Amazon, (regular pillows also work just as well).

**Should I ice after surgery?**

Yes. You may not feel the ice through the splint and bandages, however we recommend you try as this can help with pain and swelling. When you return for your first post-op appointment, we will remove the dressing for you and you may be able to ice more effectively. Please remember the 20 min on and 20 min off rule for icing.

**Can I adjust my splint?**

No. Please keep your splint and bandages on and do not adjust. Keep it clean and do not allow it to get wet. Be careful to make sure the shower bag fits appropriately to decrease the risk of damaging your dressing. If you are concerned the bandages may be too tight or causing pain, please call to let us know. Removing your bandages puts you at risk for infection, please call our office if you remove your bandages.

**How much do I need to elevate?**

Elevation in the first two weeks is extremely important. Reducing swelling helps in pain control and making sure your incisions heal. We recommend elevating 80% of the time during the first week and 50% of the time the second week. Placing your leg on 2-3 pillows should be sufficient, but the higher the better.

**What is considered “normal” after the procedure?**

Swelling, pain, and bruising are all normal after surgery. You may notice swelling and bruising travel into areas we did not operate on. This swelling will go up and down depending on how much you elevate. You may have good days and bad days. Try to limit your activity as much as possible, and please do not bear any weight on your foot if you have been instructed not to. The bruising may also change location or color. This is normal. A small amount of drainage is also normal after surgery. If your dressings have soaked through or do not stop draining, please call the office.

**I put weight onto my foot by accident. Did I hurt the surgery?**

Accidents happen. If you are told to not put weight onto your foot, please refrain from doing so. If you accidentally fall off your scooter or there is a situation where you accidentally put weight onto your foot, you may have increased pain and swelling. If this does not go away after a day or two, please call the office. The likelihood that one event has hurt your surgery is unlikely, however we recommend that you do not walk on your foot as much as possible no matter how low your pain levels are.

**My foot is red when I keep it down, but goes away when I elevate it. Do I have an infection?**

Most likely not. Due to increased swelling your foot may become a different color, usually purple or red, when you put your foot down up to 6-8 weeks after surgery. This is usually accompanied with increased pain and the feeling of blood rushing to your foot. Because you are not moving your foot normally, the veins are not allowing proper return of the blood up the leg. The discoloration should go away once you elevate your foot. If this does not resolve when you elevate your foot, or you have associated fever, chills, warmth of the foot, or drainage of incision sites, please call the office.

**I already have a scooter/crutches/a walker at home. Should I bring this with me to surgery?**

Yes, you may bring these with you to surgery. If you have a scooter, we do not recommend bringing this with you to surgery as you may be too unsteady immediately after the procedure to use it safely. You may use the scooter as soon as you feel comfortable and steady after the procedure.

**How do I know what time is my surgery and where to go?**

Someone from the facility will call you before surgery with all of this information. They will tell you where to go, what time to be there, what to bring/what not to bring, and what time you will have to stop eating/drinking.

**How many post operative appointments will I have?**

Your first post operative appointment will be 5-8 days after your surgery, (with exceptions set by Dr. Claydon). After that you will be seen about once a week for the next month and then seen in one month, three months, and six months after that. You may have more or less appointments at Dr. Claydon’s discretion, dependent on how quickly or how well you are recovering. Please do not hesitate to call our office with questions or to schedule another appointment with Dr. Claydon, especially if you are experiencing increased pain or are worried about possible infection or injury to your surgical site.

**Surgery Date:\_\_\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_** (arrival time is generally 2 hours before your procedure starts)

**Sierra Nevada Memorial Hospital** 155 Glasson Way, Grass Valley, CA 95945 **(530)** **274-6000**

**Sutter Auburn Faith Hospital** 11815 Education Street, Auburn, CA 95602 **(530) 888-4500**

**Sierra Ambulatory Surgery Center** 400 Sierra College Drive, Grass Valley, CA 95945 **(530) 272-3428**

**Grass Valley Surgery Center** 408 Sierra College Drive, Grass Valley, CA 95945 **(530) 271-2282**