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Patient Discharge Information Sheet: Achilles Tendon Repair with Tendon Transfer

General Instructions: This information is designed to answer the typical questions that arise after surgery. Since many people do not know what to expect, the process can be frightening. Hopefully, by reading the following information, many of your questions and concerns will be addressed. I hope you find this helpful.

There are many different types of surgery on the Achilles tendon. Depending on the specifics of your surgery, you will be immobilized in a splint (half cast), cast, or Achilles boot with wedges and will be non-weight bearing on your leg for as much as 6 weeks. Below you will find instructions that assume you will have the maximum amount of immobilization and the longest period of being non-weight bearing. Please keep in mind that the specifics of your surgery may mean that the protocol specific to you may vary in some of the details from what you read below.

Day of Discharge:

Outpatient surgery: This means you go home the same day as your surgery.

Anesthesia: Most patients are given a peripheral nerve block for this surgery and typically this block will last 12-36 hours.

Weight bearing: Non-weight bearing in a postoperative splint with your ankle in plantarflexion (toes pointed down like a ballerina) applied at the end of surgery

Diet: Regular diet as tolerated. If you have any problems with nausea from the anesthesia, you should begin with a liquid diet and then advance it as tolerated. Please make an effort to eat healthily during the postoperative period, as proper nutrition is particularly important in wound healing.

Medications: Pain is to be expected and typically can be controlled with the pain medication that you were prescribed. Once you feel like your nerve block (the local anesthesia placed in your leg or ankle/foot at the time of surgery) is wearing off, you should begin taking your pain medication immediately – it's much harder to get

comfortable if you wait until the pain is unbearable to take your medication (the medication typically takes 30-45 minutes to work). When you first start taking your pain medication, you should try to have something to eat beforehand. This medication can cause nausea, and nausea is more frequent when given on an empty stomach. The medication you have been given for pain is a narcotic medicine called Oxycodone (unless you and Dr. Moncman discussed an alternative narcotic medication). Due to the opioid epidemic, we prescribe a limited number of pills and expect you to be off these pills by your first post-op visit. Most patients stop taking their narcotic medications after 3-5 days.

You can also take Tylenol (acetaminophen) to help control your pain. This can be taken in combination with the narcotic medication. The combination of a narcotic medication and Tylenol is very effective at controlling pain. You can take Extra Strength Tylenol 500-1000mg up to four times per day (every 6 hours). Do not exceed 4,000mg of Tylenol per day. We recommend you take the Tylenol between narcotic doses. **The one EXCEPTION to this, is if you have been prescribed a narcotic medication that contains Tylenol (such as Vicodin [hydrocodone/acetaminophen] or Percocet [oxycodone/acetaminophen]). If this is the case, DO NOT take additional Tylenol (acetaminophen) with your prescribed narcotic medicine.**

Most patients (unless you have a history of GI ulcers, kidney disease, or are unable to take NSAIDs for other medical reasons) are also given a prescription for a high-dose anti-inflammatory, Ketorolac (Toradol). This can increase your risk of bleeding when combined with Aspirin. However, the Toradol is prescribed for only the first 5 days. It is recommended you take this to help control your pain. We recommend you take it with meals (three times per day) for the first 3-5 days after surgery.

You have also been given a prescription for two other medications:

Colace is a stool softener. You should take this medication as long as you are taking your pain medication. Colace will NOT give you diarrhea – rather, it will prevent you from becoming constipated, which is a side effect of your pain medication. Take as directed. General anesthesia can often slow down the natural movement within your gastrointestinal tract. You should generally have a bowel movement within two days of surgery. If you have not, over the counter laxatives are permitted to assist you with this as well.

Ondansetron (Zofran) is an anti-nausea medication. This medication is effective in controlling nausea related to your surgery and the pain medication. Additionally, it can work with your pain medication to give you additional relief. Take as directed.

Ice: Ice is very effective at controlling swelling and pain in the first two weeks after surgery. However, typically you will have such a large dressing that it is difficult to get ice on the operative area. Instead, you can place an ice pack under your knee. This

will help cool the vessels behind your knee that deliver blood to the ankle and foot. You should do this for 20-30 minutes on/off during the time that you are awake and elevating the limb.

Elevation: Keep your foot and ankle above the level of your heart for 22 hours per day. This reduces swelling and will GREATLY REDUCE the pain. I generally like to think that if you are lying down watching TV and your foot/ankle is directly in front of you, you are elevating it enough if you have to move your leg to the side in order to see the television – otherwise, your leg is not elevated enough (generally 3-4 pillows). If you put your hand on your heart, your leg should be above your hand.
Showering: For the first two weeks after surgery, the easiest thing to do is a sponge bath. If you take a bath, you must cover your operative leg with a waterproof cast cover and elevate the leg off the side of the tub. If you shower, you also must keep your operative leg covered with a waterproof cast cover and keep your leg out of the stream of the water. You should also use a shower chair and sit down to reduce your risk of falling. If your dressing/splint/cast gets wet, you could increase your risk of acquiring a wound or infection. You must call the office to have it changed.

Activity: You must NOT place any weight on your operative leg. Use your assistive device (crutches, walker, knee scooter, iWalk) to assist you in keeping your operative leg NON-WEIGHTBEARING. Most patients prefer the knee scooter, called a "Roll-about" walker. These can be purchased or rented (AMAZON, www.rollabout.com, or a medical supply store). Many patients find these devices particularly helpful following this surgery, and I would advise you to consider obtaining one.

Dressing: You should not remove the dressings that were placed on your ankle and foot at the end of your surgical procedure. Keep the dressing and wound clean and dry at all times. The dressings will be changed at your initial follow-up appointment in 2-3 weeks.

Driving: If your LEFT lower extremity has been operated on, you are welcome to drive an automatic automobile as soon as you feel comfortable **and are no longer taking narcotic pain medication.** If your RIGHT lower extremity has been operated on, you will not be able to drive for 6-9 weeks from your surgery. Studies have shown that until that time, you are not able to place sufficient pressure on the brakes to avoid a head-on collision on a local road.

Swimming: You will not be able to swim for 6 weeks after surgery. This gives your incision adequate time to heal.

Follow-up Appointment: You will need to schedule an appointment with me 2-3 weeks after your surgery. If it has not already been done for you, you can do this by calling 954-958-4800 and scheduling an appointment. You can also request an appointment by messaging our team in MY CHART.

Questions/Concerns: If you have any problems following your surgery (uncontrollable pain despite taking the prescribed pain medications, saturation of your dressings, fever of greater than 102 degrees Fahrenheit) you may contact my office Monday-Friday between the hours of 8 AM and 4:30 PM - this is a direct line to our team. If you have an emergency after hours or over the weekend, you should call that same number, and you will be put in touch with a clinical member of the Orthopaedic team to help you.

First Post-Operative Visit (2-3 weeks after surgery):

At this visit, you will have your wound checked. It is normal for the leg to be swollen for about 3 - 4 months, but up to 14 months post-operative. Your sutures or staples will be removed, and your leg will be placed into an Achilles boot with wedges or a cast. You should NOT put any weight on your operative leg. You must use an assistive device such as crutches, a walker, a knee scooter, or an iWalk to help you get around without putting any weight on your operative leg. This is called NON-weight bearing.

If your foot/leg swells, elevate the leg above the level of your heart; this should help reduce the swelling. If you have any discoloration of your toes (which is not uncommon), numbness in your toes, or excessive pain, you should first try elevating your leg. If this does not cause your symptoms to resolve, you should call as above or go to the emergency room for assistance.

Second Post-Operative Visit (6 weeks after your surgery):

At this visit, you will be examined, and your wound should be healed. You will still have significant swelling. We will now start to progress your weight-bearing in your Achilles boot with wedges. At this point, we will also start removing the wedges on a weekly basis. You will also start physical therapy. A protocol will be provided.

Third Post-Operative Visit (12 weeks after your surgery):

At this point, you should be weight-bearing comfortably in your Achilles boot with no wedges or in a sneaker with a heel lift. You will now start to resume leisure activities if you have not done so already. You will continue physical therapy. I will see you in another 2-3 months to ensure you've had an uneventful return to activities. Remember, strength and swelling are what you will struggle with for the first six months to a year. Keeping up with calf strengthening exercises and all of your home exercises and stretches from physical therapy is important.