Achilles Reconstruction & Calcaneal Ostectomy

(Insertional Achilles Tendinopathy)

What is the problem?

The Achilles tendon connects your calf muscles to your heel bone (the calcaneus). The Achilles tendon can be damaged or degenerate 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.

What's involved?

Achilles tendon surgery involves:

- General anaesthetic and intravenous antibiotics
- An incision at the back of the ankle
- Debridement of the tendon
- Removal of the bump at the back of the heel (calcaneal ostectomy)
- Re attachment of the tendon to the heel bone with screws (if required)
- Closure of the wounds with stitches (sutures)
- Infiltration of local anaesthetic
- Front slab plaster dressing

What are the possible risks?

All surgical procedures carry some risk. Fortunately, the risk of complications following forefoot reconstruction is low. Possible complications include:

- Infection
- Problems with wound healing
- Nerve injury causing numbness, tingling or pins and needles
- Achilles rupture
- Non-union of the big toe fusion — the bones do not successfully fuse together
- Deep vein thrombosis (DVT) or pulmonary embolism (PE). The risk of DVT increases with smoking, the oral contraceptive pill and hormone replacement therapy, immobility and obesity)
- Anaesthetic complications
- Drug allergy
- Ongoing pain

What can I expect after surgery?

Rest and elevation

- You will have a cast on your leg. Keep foot elevated as much as possible, especially for initial 72 hours.
- Keep dressings dry and intact until post operative appointment.
- Mobilise short distances as pain allows, aim to remain in your own home for the first few weeks limiting long periods of standing or mobilising.
- Do not bear weight for the first two weeks.

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Your treatment should be based on your diagnosis, medical history, examination and imaging

Pain relief
Pain relief may be required for up to two weeks. Depending on your other medications and individual circumstances, this may include:

- Regular paracetamol.
- Anti-inflammatory medication.
- Breakthrough opioid medication if required.
- A regular blood thinning medication will also be prescribed for 2 weeks of prevent the risk of DVT/PE.

Driving
Your ability to drive safely will depend on which foot has been operated on, your mobility, footwear and your ability to safely control the vehicle.

- Right foot or both feet: you should not drive for a minimum of 6 weeks.
- Left foot: if you drive an automatic vehicle, driving may be possible, but Dr Phegan recommends waiting a minimum of 2 weeks before attempting to drive.
- Driving while wearing a cast or boot may be hazardous.

Driving any vehicle while wearing a cast or boot may be hazardous. You should consider this before returning to driving

Follow up

Your first post-operative appointment will be arranged by Dr Phegan's rooms. A confirmation SMS will be sent with the date and time.

Keep all dressings dry and intact until your post-operative appointment.

Stitches (sutures) are typically removed at your first post-operative appointment with Dr Phegan and his in-house therapists, usually 10–14 days after surgery. Occasionally, some sutures may need to remain in place for longer to allow adequate wound healing.

Typical recovery milestones

Time after surgery	Expected milestones
2 weeks	Wound review and removal of sutures, change from cast to boot, commence accelerated dynamic rehabilitation protocol.
2-6 weeks	Physiotherapy for active range and weight bearing as outlined in the protocol.
6 weeks – 3 months	Work on swelling reduction, scar massage, strength, proprioception and mobility.
3-6 months	Full recovery is expected for most patients.

These timeframes are a guide only. Every patient's recovery is individual and depends on the severity of the injury and the complexity of the surgery.

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When should I seek help?

If you have concerns about your recovery, please contact your treating team.

During office hours
Dr Phegan's office
Phone: **(07) 5671 1120**
Email: **info@drphegan.com**

After hours
Please contact the hospital where your surgery was performed or attend your local GP or emergency department.

If you experience a medical emergency, seek urgent medical attention or call 000.

Important information
This information sheet provides general information about your surgery. Your individual treatment and recovery may differ.

Please follow the specific instructions provided by Dr Phegan and your treating medical team, particularly regarding weight-bearing, medications, wound care, follow-up and driving.

If you are unsure about any aspect of your recovery, please contact the practice for advice.

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