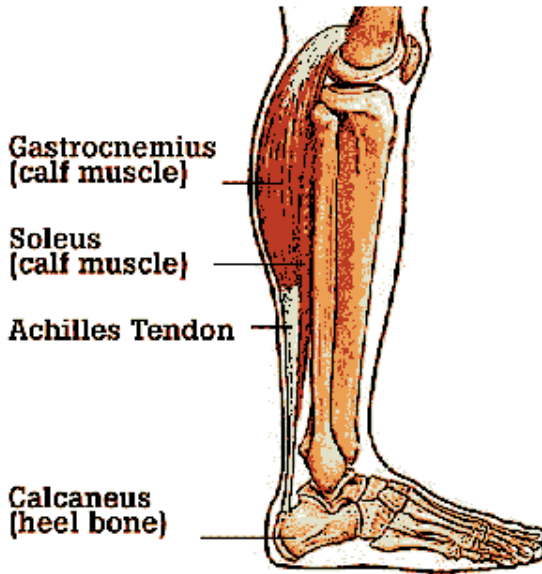


*Better  
Together*

## Patient information

### Looking after your Achilles Tendon Rupture

### Trauma and Orthopaedic Directorate



The Achilles tendon is a strong structure that joins your calf muscle (Gastrocnemius) to your heel bone. The muscle begins with two attachments just above your knee joint and ends with one attachment at you heel.

The role of this muscle is to allow good push off from your foot when you walk and run, to allow you to stand on tip toe and it has some role in bending your knee.

You have ruptured (torn) the tendon, which means there is a gap in the tendon that will affect the power in your calf making it difficult to walk or run without a limp.

### **Why me?**

It is generally accepted that Achilles tendon rupture occurs if there are some changes in the condition of the tendon. It is more common in middle years and most common in men. It usually occurs during sport or running activities. Before this injury you may have been unaware of any changes in your Achilles tendon as they do not always give you any symptoms.

## **What treatment can I expect?**

- You will be offered a choice of several treatments each with potential benefits and problems.
- The aim of treatment is to restore as near normal function as possible to your leg and, if relevant, return to sport.
- These injuries **always** take a long time to recover and will require considerable input from yourself to the rehabilitation process.
- It can take 12 to 24 months to restore maximum functional potential.

### **Option One - No treatment**

- No treatment except walking aids.

### **Arguments for and against this option:**

- Less hospital visits.
- No period of immobilisation.
- Physiotherapy may help.
- With this option you can expect a weak calf muscle, poor push off and it is unlikely that you will ever be able to walk with speed or run without a limp.
- However this may be the only viable option for the few people who have other medical problems that would be made worse with the other treatment options.

## **Option Two - Plaster/ Splintage**

- Plaster of Paris with your foot initially pointing to the floor to help close the gap between the two ends of the torn tendon. The plaster may extend over your knee for the first few weeks.
- Crutches or other appropriate walking aids to support your weight.
- The plaster will be changed and the foot position adjusted over a period of two to eight weeks until your foot is flat on the floor.
- A removable protective boot can be used from then on to protect the tendon from healing in an elongated position until eight to 12 weeks from injury when there are signs that the tendon is functioning.
- The time that your tendon is protected in a plaster/ boot can vary from eight to 12 weeks dependent on how you are recovering.
- Prolonged rehabilitation under the guidance of the physiotherapy team to wean off walking aids and boot and restore function.

### **Arguments for and against this option:**

- No scars.
- No risk of infection.
- Period of immobility is prolonged and can be associated with increased risk of Deep Vein Thrombosis (blood clot in calf).
- The tendon is three times more likely to rupture again in the future with this treatment compared with a surgical repair.

## **Option Three - Surgical repair**

- An operation to bring the two tendon ends together and hold the ends together with special sutures while they heal.
- Plaster of Paris until your wound has healed and the sutures have been removed (approximately two weeks).
- Crutches or other appropriate walking aids to help support your weight.
- A removable protective boot can be used from then on to protect the tendon from healing in an elongated position until six to 12 weeks from surgery, when there are signs that the tendon is functioning satisfactorily.
- Prolonged rehabilitation under the guidance of the physiotherapy team to wean off the walking aids and support and restore function.

### **Arguments for and against this option:**

- The risk of the tendon rupturing again is three times lower with this option.
- You will need a general anaesthetic and will be asleep for this operation. There are risks with any anaesthetic, which may be higher or lower depending on your general health, and any other medical problems. You will need to discuss these risks on an individual basis.
- The wound can sometimes be slow to heal.
- You will have a scar usually slightly to the side of the tendon.
- Scars vary from one person to another.
- They sometimes remain prominent.

- They sometimes remain tender and can rub on footwear.
- There are options to treat a prominent, tender scar including: silicone therapy, massage, desensitisation and plastic surgery in a few rare cases.
- There is a small risk of infection.
- If you did develop a mild infection this can usually be treated with a simple course of antibiotics.
- If infection is severe it is a more serious problem and will require more than one surgical procedure and long period of antibiotics. The final result in this case will be poorer.
- Infected wounds are associated with more scarring.
- Period of immobility is not as prolonged with an operation but can still be associated with increased risk of Deep Vein Thrombosis (blood clot in calf).
- A small number of patients may experience patches of altered sensation that may be permanent although most are temporary.

### **How can I help myself recover quickly?**

- **Do** keep your unaffected joints moving as fully as possible to reduce swelling, and restore movement.
- **Do** keep active to reduce the risk of Deep Vein Thrombosis.
- **Do** remove boot for hygiene and replace it carefully as instructed.
- **Do** follow the advice given to you in clinic or on the ward about your plaster and return when advised to have it removed.
- **Do** ask for any sick notes or prescriptions while you are in clinic.

- **Do** take painkillers or other prescribed medication if appropriate.
- **Do** follow the advice given by the therapists to maximise your chance of a full recovery.

### **Can I work with this injury?**

- This depends on what activities that you perform in work.
- You will need to take some time off work if you have a surgical wound to allow you to keep your leg up for periods during the day.
- Avoid any heavy activities especially sport until the tendon is fully healed at 12 to 24 weeks from your injury. Your physiotherapist can advise you in individual circumstances.

### **Will there be any long-term effects / problems?**

- Your calf muscle and tendon will look slightly different but if you have treated this with either a plaster or an operation the appearance should return to near normal with time.
- If the injury has been surgically repaired you will have a scar.
- You may have some long-term stiffness and occasionally pain.
- Recovery period is always long with this injury no matter how it is treated and you won't reach your potential for recovery until 12 to 24 months from your injury.
- There is a risk of re-rupture that is three times higher in injuries, which are not surgically repaired.

## **Notes Specific to You**

### **Further Information**

**Fracture Clinic and plaster room**

**Tel: 0151 706 2000 ext 2612**

**Physiotherapy / Occupational Therapy Department**

**Tel: 0151 706 2760**

**Emergency Department**

**Tel: 0151 706 2000**

**Web sites you may find useful**

**[www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)**



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All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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