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ORTHOPEDIC SURGERY & SPORTS MEDICINE

Achilles Tendon Repair Post-Op Instructions

Early functional pathway — protected weight bearing in a boot from day one.

Food

Start slowly. It's natural to want to eat a lot after surgery, but start with small amounts of your normal food, and eat more as your nausea improves.

Boot & Heel Lift

You will be in a CAM walking boot with a heel lift (about 2 cm, or 2–3 heel wedges). The heel lift protects your repair by keeping tension off the tendon — do not remove the wedges unless Dr. Allred or your therapist tells you to. Sleep in the boot. You may remove the boot only while seated for the gentle ankle exercises described in your therapy protocol, and to let the skin breathe — never to stand or walk.

Incision

Keep your incision and dressing dry until your first post-op visit, where the wound will be checked and sutures removed. Use a waterproof boot cover or sponge-bathe for now — do not soak the incision in a bath, swimming pool, lake, or hot tub for three weeks after surgery.

Weight Bearing

You may put weight on the leg as tolerated — in the boot, with the heel lift in place — starting right away. Use crutches as needed for comfort and balance in the first days. Do not put weight on the foot without the boot.

Activity

Stay as active as your pain and swelling allow, in the boot. This helps prevent blood clots. Out of the boot (seated only), you may do gentle, pain-free ankle motion: pointing the toes down, and bringing the foot up only to neutral — never force the foot upward past neutral, as that stretches the healing tendon.

Blood Clots

My biggest concern after Achilles surgery is the formation of blood clots. To prevent them, stay active and take one tablet (81 mg) of aspirin twice daily with food for 2 weeks. If you or your family have a history of blood clots — or any other reason for increased clotting risk — you may need more aggressive treatment; please discuss this with Dr. Allred within 24 hours after surgery. What does a blood clot feel like? Blood clots usually (though not always) appear a few weeks after surgery. They typically cause new calf pain and new ankle swelling, and rarely cause shortness of breath. If you think you may have a blood clot, call the office immediately during office hours, or go to the ER after hours.

Swelling

The best way to control swelling is to keep your foot above your heart (sitting up in bed usually does not get your foot above your heart). Controlling swelling dramatically affects healing and complications. Ice machines don't work well over a boot — elevation is your main tool.

Physical Therapy

Your therapist will follow my Achilles Tendon POST-Operative Protocol, with formal therapy typically starting around 2 weeks. If a therapy appointment hasn't been arranged by your first post-op visit, we will set one up then.

Medications

As noted above, I recommend aspirin for two weeks. For pain, alternate over-the-counter ibuprofen and Tylenol — for example, take regular Tylenol, then ibuprofen 2 hours later. Do not take more than the daily dose shown on the label for either one. While taking ibuprofen, I also recommend over-the-counter Pepcid or another antacid to help prevent a stomach ulcer. For prescription pain medicine (narcotics), see below. If you are also taking daily aspirin to prevent blood clots, take your ibuprofen at least 30 minutes after the aspirin — or at least 8 hours before it.

Narcotics

You may need narcotics for a few days, but the sooner you stop using them, the better you will feel. Refills are rarely needed. We do not refill these medications after hours or on weekends, and a refill takes about 72 hours, so please plan ahead. If you take narcotic medications regularly, you will need to make arrangements with your regular prescribing provider.

Post Operative Visits

Call to schedule your first appointment 10–14 days after surgery, for a wound check and suture removal.

Precautionary Measures

1. To prevent infection, you were given IV antibiotics before your surgery.
2. To prevent blood clots, stay active. Move around your living room once every hour while you are awake (in the boot), and take aspirin 81 mg twice daily for 2 weeks.
3. If you are taking narcotic pain medication (such as Percocet or Vicodin), you may need a laxative to prevent constipation. We recommend an over-the-counter stimulant laxative such as Senna. Narcotics slow the bowel down, and Senna works by stimulating it. Fiber-only products (like Metamucil) usually aren't enough on their own, since they add bulk but don't stimulate the bowel.

When to Call / Emergencies

Call the office or go to the ER if you experience any of the following:

- Incision opens
- Increased redness at incision site
- Pain uncontrolled by pain medicine
- Uncontrollable bleeding
- Fever > 101.5°F or shaking chills
- Difficulty breathing or chest pain
- New calf pain or ankle swelling
- Painful swelling

If this is a life-threatening emergency, call 911.