

**Orthopaedic and Spine Institute
21 Spurs Lane, Suite 245, San Antonio, TX 78240**

www.saspine.com

Tel# 210-487-7463

Joel B. Nilsson, M.D., P.A.

POSTOPERATIVE INSTRUCTIONS FOR ACHILLES TENDON RUPTURE REPAIR

ICE:

Use it **as often as you can** for the next 7 to 10 days. Ice bags/packs should be used for 20 to 30 min every 3 to 4 hrs during waking hours (minimum of 8 hrs/day). Placing the ice right over the back of the splint will help to decrease the swelling. Be sure not to let the splint get wet.

ELEVATION:

Keep your leg elevated whenever possible. The primary goal during the first week post-op is to minimize swelling in your ankle and foot, therefore it is beneficial to minimize ambulation for the first week. When sitting or laying down, try to have your foot elevated **higher than the level of your heart**. Placing pillows or rolled sheets underneath your lower leg splint will help facilitate this.

DRESSING:

We will change the dressing on your first post-op visit.

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BATHING:

Do not bathe, soak the knee, or use hot tubs. After your wound has been checked at your first post-op appointment you will be told when you may begin **bathing**. In the meantime shower or take a bath with your leg hanging out of the tub.

BRACE /SPLINT:

Wear your splint at all times for the first 2 weeks out from surgery. Do not remove or get wet.

CRUTCHES:

You should use your crutches at all times when walking in order to restrict weight-bearing on the operative leg. While walking, you may allow your toes to touch the ground for balance, but the majority of your weight should be placed on the leg that was not just operated on. Doing this is often difficult, and the crutches are to help prevent you from falling and injuring yourself. It will be necessary to use crutches and restrict any weight-bearing on the operated leg for the first 2 weeks after surgery to allow the tissue around your ankle to heal before putting too much force on it. Otherwise, you may be at risk for wound breakdown, or infection.

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MOTION EXERCISES:

You should perform knee range of motion (ROM) exercises several times a day. Further activity restrictions will be guided by your specific **PT protocol** which your therapist will also discuss with you. You should consider icing your knee after doing your exercises.

PHYSICAL THERAPY:

You will not need outpatient PT until your splint is removed two weeks out from surgery. When you return for your first follow-up appointment, you will be given a **physical therapy consultation and protocol**. You should bring these with you to your first therapy appointment.

MEDICATION: You will have a prescription(s) for pain medication to take home with you. Usually this consists of an **anti-inflammatory to take on a regular basis for several weeks as directed**. In addition, a **short, 5-day supply of a mild narcotic-based pain medicine** is often prescribed. This should be used only for excess pain despite taking the anti-inflammatory, and/or at night to help you sleep. You may discontinue this medication as soon as you would like.

FOLLOW-UP: You should have an appointment to see your surgeon **10-14 days** after surgery. You will **need to**

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call the clinic front desk to schedule your appointment and/or verify the date and time.

DRIVING:

Do not drive until you have been re-evaluated at your first post-op visit. You will be told when you can begin driving based on your strength and range of motion. Most likely, you may need to wait until at least 6 weeks after surgery to begin driving.

Other precautions: If you develop a fever (temperature greater than 101 F or 38.3 C) or chills, or symptoms such as unexpected pain, redness, swelling in either leg, rash, blisters, numbness, tingling, itching, hives or shortness of breath, please contact our office. Problems following this type of surgery have been minimal; however, if you have a problem or questions, do not hesitate to call the office. The answering service will handle your call to the office after hours or on the weekend, and one of the Spine and Orthopedic Institute clinicians will return your call. **If you have an emergency, call 911.**