

## INSERTIONAL ACHILLES TENDINOPATHY

**Information:** Insertional Achilles tendinopathy may be treated with surgery. Surgery consists of removing the Achilles tendon from the heel bone (calcaneus), removing the bone spurs (Haglund's deformity and/or enthesophyte), and then reattaching your Achilles tendon. Occasionally, the tendon from the big toe (the flexor hallucis longus) may be transferred to the heel bone as part of the reconstruction. Alternatively, a tendon from the leg (hamstring tendon) may be required to supplement the tendon repair. The Achilles tendon is the largest tendon in the body, and postoperatively, all patients have atrophy and weakness of their calf muscle. The atrophy and weakness require significant rehabilitation either on your own or with a therapist to return to your activities. Risks of surgery include, but are not limited to, infection, wound healing issues, scarring, swelling, stiffness, pain, numbness, injury to nerves and blood vessels, bone healing problems, implant problems, need for implant removal, recurrence, additional deformities, need for future surgery, perhaps a condition you may feel is worse or not much better from your preoperative status, and blood clots and/or pulmonary emboli. If you need an excuse for work, please let us know before surgery. If it is your right ankle, most patients cannot drive for 8 – 10 weeks after surgery.

**On the Day of Surgery:** The scheduling team will call you with your arrival time one day prior to your surgery. Once you arrive at the facility, the staff will direct you where to go. I will meet you in the preoperative holding area where we can discuss any remaining questions that you have and review the surgical plan. You and the anesthesiologist will determine the type of anesthesia that is best for you. Often, a block is provided by the anesthesiologist. This will decrease the amount of pain after surgery. The risks of anesthesia/block will be discussed with the anesthesiologist. You will then be brought to the operating room.

**After Surgery:** I will discuss the details of the surgery with your guest and review the postoperative plan. You will be taken to the recovery room and sent home when the nurses and anesthesiologist think you are suitable for discharge. You will be placed into a splint. You are not allowed to walk on the operative leg. You will be sent home on pain medicine with the hope that you can discontinue it as quick as possible. You will also be given medication to help prevent a blood clot. You can use crutches, a knee walker, a walker, a wheelchair, etc.

### Anticipated Postoperative Course:

Time Postoperatively	Description
0 – 2 Weeks	Elevation above the heart is <i>EXTREMELY</i> important during this period.
10 – 14 Days	Appointment with Dr. Boden. Plan for splint and suture/staple removal. Placement of a tall CAM boot with peel-away heel lifts.
2 – 3 Weeks	Non-weightbearing in the tall CAM boot.

Disclaimer: These are general statements and may not apply specifically to your care. I may modify as needed for your individual care.

<b>3 – 6 Weeks</b>	Begin touchdown weightbearing in the boot with crutches and advance to full weightbearing over the next 3 weeks (add 25% of your weight each week). You will also peel away a layer from the heel lift each week. Physical therapy will begin at 3 weeks postoperatively and lasts 8 – 16 weeks.
<b>6 Weeks</b>	Follow-up appointment with Dr. Boden. All heel lifts should be removed. You should still be in a tall CAM boot.
<b>6 – 8 Weeks</b>	Continue to walk in tall CAM boot without heel lifts.
<b>8 – 12 Weeks</b>	You may begin to remove the CAM walking boot and wear comfortable, supportive shoes. You should continue to progress with physical therapy.
<b>3 Months</b>	Follow-up appointment with Dr. Boden. You should be out of the CAM boot into supportive shoes at this visit.
<b>3 – 6 Months</b>	You will still need a sneaker for walking. You may continue physical therapy. Gradually return to activities over the next 3 months.
<b>6 Months</b>	Follow-up appointment with Dr. Boden. You will begin to feel that this is “behind you,” and although you are not fully healed/normal, you should be doing quite well. You will continue to make improvements for the next 6 months. You can gradually return to all activities including high impact activities. It takes 9 – 12 months to return to sports. Swelling is the last issue to resolve and can be 6 – 12 months for any foot surgery.
<b>12 Months</b>	If there are no issues, this is your final follow-up appointment with Dr. Boden. I’m happy to see you at any time postoperatively if there are any issues or you have any concerns. <i>Thank you for the opportunity to take care of you!</i>

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