

Discharge Instructions Following Achilles Tendon Repair (Common Calcaneal Tendon)

Surgery was performed today to repair a tear of the Achilles Tendon (Common Calcaneal Tendon). The Achilles is made up of 3 major parts; the paired tendons of the gastrocnemius muscles, the combined tendon of the gracilis, semitendinosus, and biceps femoris muscles, and the tendon of the superficial digital flexor. The cause of the injury is either due to a sudden traumatic event or may be a progressive repetitive strain injury on the ligament which has not been allowed time to heal.

One or all of the tendons may be involved in the tearing of the Achilles. Repairing the tendon requires excision of the damaged portions and scar tissue, reattachment of the tendon using sutures to tunnels drilled in the bone of the ankle, and fixing the ankle straight using a screw to allow healing of the repair.

Tendon healing requires a prolonged period of time and a slow and gradual return to activity. The ankle is held extended using the screw for 6-8 weeks, after which time a splint or brace will be used to gradually increase the strain on the tendon by holding the ankle in a more flexed position for a further 6 weeks. A short anaesthesia will be required to remove the screw via a tiny incision.

A bandage and splint will be used for the first 5-7 days to minimise post-surgery swelling, after which time it may be removed or continued for the entire 6 weeks. The patient should be able to use the leg comfortably at home, but should be restricted in activity to avoid damage to the screw, bone or tendon. Should there be any deterioration in the use of the leg whilst the screw is in place, please contact Your Veterinarian for examination.

Following removal of the screw a splint or support brace will be used to protect the healing tendon further and allow the ankle to flex more. The splint will need to be changed every 1-2 weeks to ensure there are no developing pressure sores or rub marks and wounds. Again, should there be any deterioration in the use of the leg at any stage, please contact your veterinarian for a routine follow-up examination. Review by Advanced Veterinary Surgery will be performed if required. Mild to moderate swelling around the ankle and foot should resolve in the following 1-2 weeks. Massage and ice-heat therapy will aid this.

There is a surgical wound on the side of the ankle, with sutures being used to hold the skin edges together. The sutures are buried under the skin surface and not require removal. An Elizabeth collar may be required should there be any signs of attempting to lick at the bandage or foot, and each patient will be different. Please request a collar from the clinic staff if you think your pet will attempt to lick at the foot. Licking is a very easy way to introduce infection and cause bandage complications and should be avoided.

Re-examination

Several routine examinations are advised in the early post-operative period to monitor for any signs of infection or complications with the bandage and splint.

- DAY 5-7:** Bandage and splint change, wound examination and fentanyl patch removal.
- WEEK 2:** Routine wound examination and splint change as required thereafter until screw removal at 6-8 weeks.
- WEEK 6-8:** Anaesthesia, screw removal and splint or support brace application.
- WEEK 8-10:** Splint change every 1-2 weeks as advised by your vet.
- WEEK 10-18:** Ongoing support brace use whilst active.
- Please fast your pet prior to these appointments in case sedation is required.*

Medication

A course of antibiotics and anti-inflammatory medication will be dispensed. Please follow the label instructions carefully and contact your veterinarian should you have any queries. Should there be any gastrointestinal signs (vomiting, diarrhoea) please stop the medication and contact your veterinarian for further advice.

A fentanyl patch was placed on the skin for pain relief and will be covered by an adhesive bandage. The patch will provide strong analgesia for 3-5 days. This may be removed after 5 days and disposed of in the household waste.

Occasionally side effects may be observed and vary widely between patients, with the main effect being dysphoria (appearing high, overly quiet or over excitable) and loss of appetite. Should you notice any of these signs at home, please remove the patch and dispose of in the general waste.

The medication in the patches and pain relief used during surgery also slow down the intestinal movement and some patients may not pass a stool for 5-7 days. Generally this constipation does not need to be treated and will resolve with a normal diet and removal of the patch. Please advise Your Veterinarian if this occurs or should you be concerned.

Patients have been known to eat the patches and currently I have not observed any signs of over-dosage, but please avoid this and monitor your patient carefully at home.

Should you have any concerns contact your regular veterinarian or an emergency veterinary service.

Rehabilitation

These are only meant to be guidelines and each patient's recovery is different.

As the owner you are the brains of the recovery and rehabilitation, as our patients will want to run before they can crawl, and risk injury to the healing bone and set-backs to the recovery.

Given the slow healing of Achilles tendons and complicated rehabilitation I suggest a consultation with a physiotherapist to aid in the recovery and return to function.

WEEK 1-2

Toe touching to the ground and weight bearing whilst walking. Gradual improvement in weight bearing daily.

Strict Rest and Confinement or Strict Supervision.

Short walks on a lead out to the backyard for toileting purposes only 2-6 times daily.

On-lead at all times / No Stairs No jumping No swimming and No baths

The splint and bandage is changed at Day 5-7.

Heat packs may be applied to the ankle, thigh, hip and lumbar spine (lower back) 2-4 times daily for 20 minutes to help reduce swelling and also minimise secondary muscular spasm due to abnormal weight bearing. Ensure the heat pack is not too hot as to burn the skin but should be comfortably warm.

WEEK 2-8

Weight bearing well with an abnormal gait due to the ankle being fixed straight.

Strict Rest and Confinement or Strict Supervision.

Short walks on a lead out to the backyard for toileting purposes only 2-6 times daily.

On-lead at all times / No Stairs No jumping

Hydrotherapy and Physiotherapy may commence

Range of motion exercises may be performed 2-4 times daily.

With the patient lying with the operated leg upper-most, and supporting the leg under the thigh, isolate the hip joint, knee joint and especially the toe joints, and gently bend and extend each joint in turn for 10-20 repetitions each. Your Veterinarian may advise further on these exercises.

Continue with Heat pack application

WEEK 8-12

Splint or brace used to support the ankle for a further 4-6 weeks following screw removal.

Strict Rest and Confinement or Strict Supervision.

Short walks on a lead out to the backyard for toileting purposes for 5 minutes, 2-6 times daily.

On-lead at all times / No Stairs No jumping No swimming No baths whilst the splint is in place.

Continue with Heat pack application.

Range of motion exercises may be performed 2-4 times daily.

With the patient lying with the operated leg upper-most, and supporting the leg under the thigh, isolate the hip joint, knee joint and especially the toe joints, and gently bend and extend each joint in turn for 10-20 repetitions each. Your Veterinarian may advise further on these exercises.

WEEK 12-16

Continued brace use and gentle lead controlled exercise as weight bearing completely on the Achilles Tendon.

Strict Rest and Confinement or Strict Supervision.

Gradually increase the length of lead controlled walks, starting at 5 minutes and increasing to 10 minutes, up to 2-6 times daily. If your pet limps more towards the end of the walk reduce the length of walk to a point which is well tolerated.

Slow walks to encourage the use of the leg and placing correctly on the ground.

On-lead at all times / No Stairs No jumping

Continue with Heat pack application.

Continue with Range of motion exercises 2-4 times daily.

WEEK 16-20

Progressively improving weight bearing on the leg with occasional limp.

Confinement or Strict Supervision. Use of brace when activity expected.

Gradually increase the length of lead controlled walks, 10-30 minutes, up to 2-6 times daily. If your pet limps more towards the end of the walk reduce the length of walk to a point which is well tolerated for a few days then increase again gradually.

On-lead walks in chest deep water will encourage muscle building and knee stability. Avoid soft sand and beaches though.

On-lead at all times / No Stairs No jumping

Range of motion exercises and Heat pack application.

WEEK 20+

Good weight bearing on the leg and improving stamina on walks.

Gradual reintroduction to some gentle off lead walks and increasing on-lead walks.

Lead controlled walks, 30-40 minutes, up to 2-4 times daily.

Gradual reintroduction to short periods of supervised, gentle, off-lead activity 5-10 minutes.

Every patient is different and each recovery will and outcome will vary.

Take your time and try not to rush back to normal as there is a lot of healing required by the tendon.

LONGER TERM

The prognosis has been reported as good to excellent in 75-95% of patients, with the majority patients returning to normal daily activity.

Long-term outcome will be aided by maintaining a lean body condition.

Should need any further advice on longer term management or assistance with weight loss, please contact your regular veterinarian.