Mammoth Orthopedic Institute

Stephen L. Knecht, MD
Mammoth Orthopedic Institute

Mammoth: Ph: (760) 924-4084
Northern Inyo: Ph: (760) 873-2605

Post Operative Instructions: Achilles Repair

ACTIVITY

- **Do not bear weight on the operative leg until permitted by Dr. Knecht, generally about 4 weeks**. Please use crutches to assist with AMBULATING.
- Keep boot on with wedge for any ambulation. Do not engage in prolonged periods of standing or walking the first 7-10 days following surgery.
- Avoid long periods of sitting (without leg elevated) or long distance traveling for 2 weeks.
- You may move your hip and knee as much as you would like. You NEED TO DO progressive range of motion of the ankle, (ankle pumps) no to exceed 90 degrees AT LEAST 5 times daily. 5 sets of 15 pumps.

SPLINT

- Please keep the boot clean and dry.
- If you are going to shower, please protect the splint with a the cast cover or the like ~ garbage bag, saran wrap, etc in order to keep it dry. We recommend a sponge bath initially, particularly because it is hard to stand on one leg in the shower especially if you are on narcotic pain medications.

DRESSING & INCISIONS

- A small amount of red-tinged drainage on the dressing during the first 2 days is normal.
- Keep the dressing clean and dry; protect it while bathing or showering.
- Keep the dressing intact until your first post op, if the dressing becomes soiled prior to that scheduled appointment, contact the clinic for a dressing change.
- Do not apply Bacitracin or other ointments.
- Avoid soaking in pools, lakes, hot tubs, or the ocean until sutures are removed and the incision is fully healed.

PAIN & INFLAMMATION

<u>Ice</u>

- Apply ice wrapped in a dry towel 20 minutes at a time, several times per day for the first week, then as needed.

<u>Compression</u>

- Adjust the compression of the ace wrap for comfort.

<u>Elevation</u>

- Keep your foot elevated above heart level as much as possible for the first 3–4 days.

- Place a pillow under your knee for comfort.
- Avoid pressure under your heel to help reduce the risk of ulcers.

Pain Medications

- Take your prescribed medications as directed.

Tylenol (Acetaminophen)

- First-line for pain.
- Take 500-650 mg every 6–8 hours.
- Do not exceed 1000 mg per dose or 3000 mg per day.
- Do not drink alcohol while taking Tylenol.

Anti-inflammatory

- As needed for postoperative swelling
- Do not take after fusion or with surgeries at risk for nonunion.

Opioid

- For moderate to severe breakthrough pain only.
- Use sparingly and wean off as soon as possible.

Common side effects include:

- Nausea: Take with food.
- Drowsiness: Do not drive or operate machinery.
- Itching: Benadryl may help.
- Constipation:
    - Use stool softeners (e.g., Senna-Docusate) or OTC options (Mineral Oil, Milk of Magnesia, etc).
    - Avoid bananas, rice, apples, toast, and yogurt (may worsen constipation).
    - Light walking helps stimulate bowel function.

Refills:

- If you think you will need a refill, you must request it during regular weekday office hours.

DVT PROPHYLAXIS

- Take Aspirin 81 mg twice daily for 3 weeks after surgery.
    - This is not for pain—it's to reduce the risk of blood clots (DVT/pulmonary embolism).
    - If you have an increased risk of blood clots, you may be given a prescription of Lovenox for 21 days.
- If you already take aspirin or other blood thinners, make sure your surgeon knows, as your plan may need adjustment.

EMERGENCIES

You must have someone stay with you during the first 48 hours after surgery.
Call the clinic or the on-call orthopedist if:

- Drainage soaks the dressing, increases, smells foul, or if incisions become red, warm, or very painful.
- You develop a fever >101.5°F or chills.
- You experience leg or calf pain, swelling, or difficulty breathing.

FOLLOW-UP CARE

- Schedule a follow-up appointment at ~2 weeks postoperatively for a wound check, suture removal, and review of your surgery (if not already scheduled).