

POST-OPERATIVE INSTRUCTIONS

Achilles Tendon Repair

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Questions or a problem after surgery? Call Dr. Wichman's office at **414-479-7000**.

Diet

1. Begin with clear liquids and light foods (jello, soup, toast, etc...)
2. Progress slowly back to your pre-op diet as tolerated
3. Try to avoid taking narcotics on an empty stomach to avoid nausea

Wound Care

1. Take good care of your operative dressing and splint. Do not remove your splint or cast unless instructed.
2. It is normal for the ankle to bleed slightly and swell after surgery.
3. If blood soaks through the dressing, do not panic. Reinforce with additional dressings as needed.
4. If steri-strips are present, they should remain in place until your first post-operative visit.
5. Keep your dressing and splint clean and dry. Cover with a waterproof bag for showering. NO immersion of the leg in water (i.e., bath or pool).

Medications

1. A local or regional anesthetic block is often used during surgery and will wear off in approximately 8-24 hours. Begin your prescribed pain medication before the block fully wears off so you stay ahead of the pain.
2. Most patients will require a short period of narcotic pain medication. This should be taken as directed on the bottle.
3. Norco (hydrocodone/Tylenol) or Percocet (oxycodone/Tylenol)
4. Take 1-2 tablets every 4-6 hours as needed for pain.
5. Maximum of 12 pills per 24 hour period.
6. Do NOT take additional Tylenol (acetaminophen) while taking these medications. Many products contain this medication (cough meds, cold meds) and can lead to liver damage.
7. Common side effects of narcotic pain medications are nausea, drowsiness, and constipation. Use a stool softener (Colace, senokot) or laxative (Miralax) as needed.
8. Aspirin (81mg or 325mg, as instructed by your doctor) should be taken daily to gently thin the blood and decrease your risk of a DVT/blood clot.
9. If you are having problems with nausea and vomiting, call the office to see if the medication should be changed or additional medications prescribed.
10. Journavx (suzetrigine): If you were prescribed Journavx, take 2 tablets (your one-time starting dose) with a small sip of water before leaving home the morning of surgery. Then take 1 tablet every 12 hours, starting 12 hours after your first dose, as directed. Take the starting dose on an empty stomach, and avoid grapefruit while taking this medication.
11. Do not drive a car or operate heavy machinery while taking narcotics.

Activity

1. Keep the leg elevated above heart level as much as possible for the first 1-2 weeks to control swelling.
2. Use crutches initially. Weight-bearing is advanced in your boot as directed — many patients begin protected weight-bearing in the boot with heel wedges within the first 2 weeks; follow your surgeon's specific instructions.
3. Do not place weight on the foot without your boot on.
4. No driving until cleared by your medical team (especially for a right-leg procedure).
5. Perform gentle toe motion as allowed to help reduce the risk of a blood clot.

Walking Boot

1. You will be placed in a splint or a CAM walker boot with heel wedges that hold the foot pointed slightly downward to protect the repair.
2. Wear the boot at all times, including while sleeping, until instructed otherwise.
3. Heel wedges are removed gradually (typically about one every 1-2 weeks) to bring the foot to a neutral position by around 6 weeks — follow your surgeon's schedule.
4. Do NOT stretch the tendon or pull your toes up toward you (no forced upward bending of the ankle) until cleared.

Ice Therapy

1. Begin immediately after surgery
2. Use ice machine or ice packs every 2 hours for 20 minutes until your first post-operative visit.
3. If an ice machine was prescribed, may use continuously until first post-operative visit. Remember to protect the skin to avoid thermal injury (frostbite)

Rehabilitation

1. Gentle active ankle motion (pointing the foot down and bringing it up to neutral) may begin as directed — avoid stretching the repair past neutral early on.
2. Formal physical therapy will be arranged at your first post-operative visit and is essential to recovery.
3. Higher-impact activities such as running and jumping are typically not permitted until about 4 months, and return to sport is later, as cleared by your surgeon.

When to Call Us

Contact Dr. Wichman at 414-479-7000 if any of the following are present:

- Painful swelling or numbness
- Unrelenting pain
- Redness around incisions
- Fever (above 101.5°F) - It is not uncommon to have a low-grade fever for the first day or two following surgery.
- Color changes in foot, ankle, or lower extremity
- Continuous drainage or bleeding from incisions (a small amount of drainage is expected.)
- Difficulty breathing
- Excessive nausea or vomiting

If you have an emergency after hours or over the weekend, call 414-479-7000 to be connected to the "on-call" physician or physician assistant. Do NOT call the hospital or surgery center.

If you have an emergency that requires immediate attention, call 911 or proceed to the nearest Emergency Room.