ACHILLES TENDON RUPTURE

WHAT IS AN ACHILLES TENDON RUPTURE?

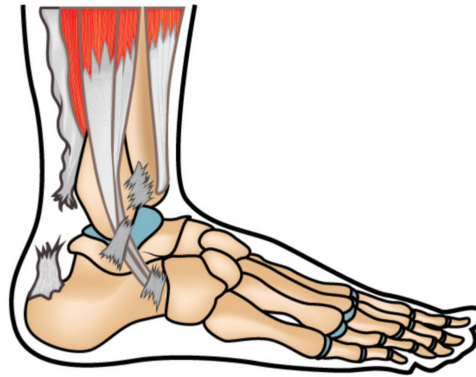
The Achilles Tendon is a tough band of tissue that attaches your calf muscles (gastrocnemius and soleus) to the back of your heel. It plays an important role in pushing off to run, jump and other high impact activities. The Achilles Tendon bears very large loads during these activities and is prone to rupture.

It is commonly seen in athletes but also in "the weekend warrior" where there is often pre-existing, but unnoticed, minor injury to the tendon making it more vulnerable to a complete rupture.

SYMPTOMS

At the moment the rupture occurs, the pain is often likened to being hit in the back of the calf by a cricket bat.

This will often coincide with a loud crack or pop sound. Difficulty walking afterwards is common due to the sense of a "floppy" ankle.



HOW IS IT DIAGNOSED?

Diagnosis is usually made by clinical examination, but an ultrasound may also be required. When diagnosed early, it is referred to as an acute Achilles Tendon Rupture.

If diagnosed after the first few weeks of rupture, it is referred to as a chronic Achilles Tendon Rupture and your treatment options become more limited. Therefore if you suspect you have an Achilles Tendon Rupture, you should seek care as soon as possible.

TREATMENT

In an acute Achilles Tendon Rupture, there are two options available:

- **Surgical repair** with "Accelerated Rehabilitation Program".
- "Accelerated Rehabilitation Program" **without surgery**.
  If the two ends of the ruptured tendon can be brought into contact by placing the ankle in plantarflexion (pointing the toe) then it should heal well.

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ACHILLES TENDON RUPTURE

SHOULD I HAVE AN OPERATION?

This decision is based on a number of factors including **your individual circumstances** and will be discussed in depth with Mr Goldbloom.

Surgical repair slightly reduces the risk of re-rupture in the future and gives a slight edge in maximum sports performance. The surgery takes approximately 30 minutes and can be done through a 5cm incision, sometimes smaller. A plantarflexion cast (with the toe pointed) is used initially up until the 2 week wound assessment. After this point, the rehab is identical to non-operative management.

Non-operative management avoids the risks of surgery such as infection, wound breakdown and nerve injury.

ACCELERATED REHABILITATION PROGRAM

A 12-week Accelerated Rehabilitation Program is usually recommended regardless of the choice between surgery vs no surgery in an acute Achilles Tendon Rupture. This **must be closely adhered to** and is supervised by a Physiotherapist.

Please refer to the **Accelerated Rehabilitation Program** Patient Information Sheet for more specific details.

CHRONIC ACHILLES TENDON RUPTURE

There are situations where an Achilles Tendon Rupture may not be diagnosed and treated in the first few weeks.

The chance of a successful outcome is not as high as an acute Achilles Tendon Rupture. This is because the gap between the ends of the tendon has become “established” and cannot be closed with a simple repair. It is likely that a reconstructive procedure will be required.

One such option performed by Mr Goldbloom is called a **Gastrocnemius Turndown.** This involves a larger incision with higher risk of wound problems. The fascia overlying the muscle further up the calf is used to bridge the gap between the two ends of the tendon.

In addition, it may necessary to transfer the Flexor Hallucis Longus (FHL) tendon to support the weakened Achilles. FHL is usually responsible for flexing your big toe and some patients report mild weakness in the big toe after this operation.

The Accelerated Rehabilitation Program is not advised following Achilles Reconstruction for a chronic Achilles Tendon Rupture therefore, recovery is slower and may take 6-9 months.

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