



ACHILLES TENDON RUPTURE SURGERY

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WHAT IS ACHILLES TENDON RUPTURE SURGERY?

The goal of Achilles tendon rupture surgery is to reconnect the calf muscles with the heel bone to restore push-off strength. Regaining Achilles tendon function after an injury is critical for walking.

Diagnosis

Those best suited for surgical repair of an acute or chronic **Achilles tendon rupture** (tear) include healthy, active people who want to return to activities such as jogging, biking, or other sports. Even those who are less active may be candidates for surgical repair. Non-surgical treatment may also be an option. You should discuss the decision to have surgery with your **foot and ankle orthopaedic surgeon**.



You should not have this surgery if you have an active infection or unhealthy skin at or around the site of the Achilles tendon rupture, or if you are not healthy enough to undergo surgery. Other concerns include diabetes, smoking, sedentary lifestyle, steroid use, and inability to follow postoperative instructions. Any health concerns should be discussed with your foot and ankle orthopaedic surgeon.

Treatment

Surgery for an acute or chronic rupture of the Achilles tendon typically occurs in an outpatient setting. This means you will have surgery and go home the same day. Numbing medicine is placed into the leg around the nerves to help decrease pain after surgery. This is called a nerve block. You will then be put to sleep and placed in a position that gives the surgeon access to the ruptured tendon. Repair of an acute rupture usually takes between 30 minutes and one hour. Repair of a chronic rupture can take longer depending on the steps needed to fix the tendon.

There are a variety of ways to repair an Achilles tendon rupture. The most common method is an open repair. This starts with your surgeon making an incision on the back of the lower leg starting just above the heel bone. After the surgeon finds the two ends of the ruptured tendon, they sew these ends together with sutures and close the incision.

In another repair method, your surgeon makes a small incision on the back of the lower leg at the site of the rupture. Your surgeon will pass a series of needles with sutures attached through the skin and Achilles tendon and then bring them out through the small incision. They will then tie the sutures together.

Talk to your foot and ankle orthopaedic surgeon to determine the best surgical technique for your Achilles rupture.

Recovery

After surgery, you will be placed in a splint or cast from the toes to just below the knee. Typically you will not be allowed to walk or **put weight on the involved leg**. You can use crutches, a walker, knee scooter, or wheelchair to move around. Keeping the operated leg elevated above heart level will help decrease swelling and pain. If a nerve block has been given, you can expect the numbing sensation to last from 8-24 hours.

Patients typically are seen in the office two weeks after surgery. The splint or cast is removed and the surgical incision is evaluated. Stitches usually are removed at this time if they need to be removed at all. From 2-6 weeks, the postoperative protocol varies based on the surgeon's preference. You may be allowed to begin weightbearing in a walking boot. Ankle motion is often allowed and encouraged. A cast is sometimes used instead of a boot.

At six weeks patients usually are allowed full weightbearing out of the cast or boot. You may start physical therapy to restore ankle range of motion. Your surgeon will gradually allow strengthening exercise for the calf muscles and Achilles as the tendon heals. Patients usually are able to return to full activity by six months, but it may be more than a year before they achieve full recovery.

Risks and Complications

All surgeries come with possible complications, including the risks associated with anesthesia, infection, damage to nerves and blood vessels, and bleeding or blood clots.

Potential complications specific to Achilles tendon surgery include wound infection and delayed wound healing. Re-rupture can also occur. There may be scarring of the tendon or thickening of the surgical scar. A nerve that gives sensation to the outside part of the foot can be stretched or injured during surgery, which can result in numbness or burning.

What is the likelihood of success with Achilles tendon rupture surgery?

Surgical repair of an acute rupture usually does well. It is important to understand that even after a successful surgical repair, it is likely the leg will not be as strong as it was before the injury.

What is the chance my tendon will tear again?

The risk of re-rupture after surgical repair is less than 5%. If re-rupture occurs, the tendon can be repaired again either directly or with other techniques that utilize other tissues and materials to reinforce the repair. Revision surgery is always more complex than the original surgery.

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