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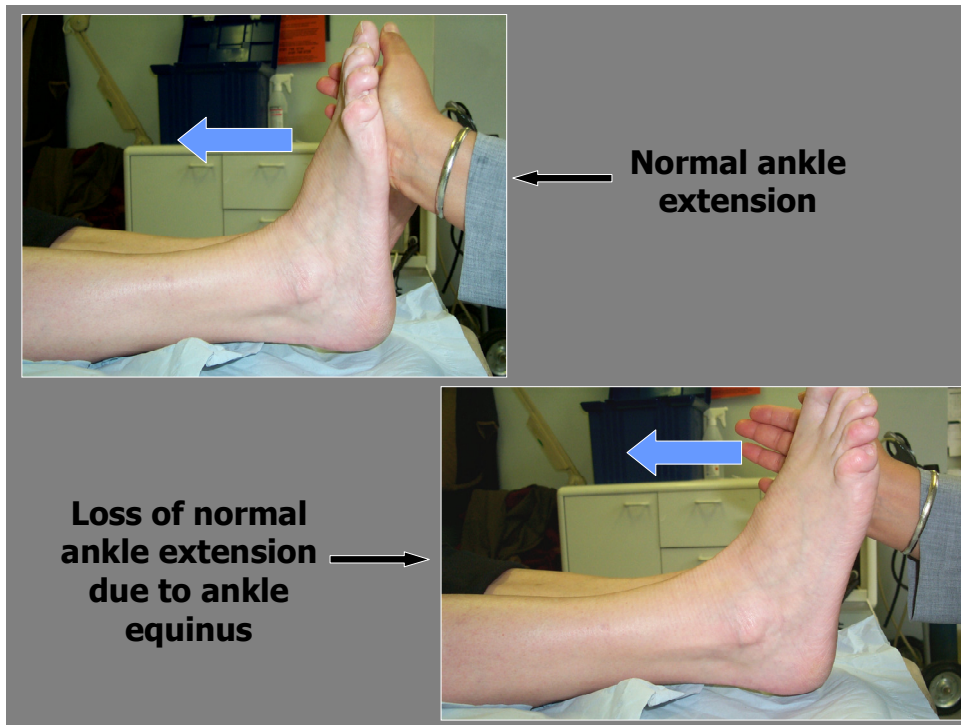
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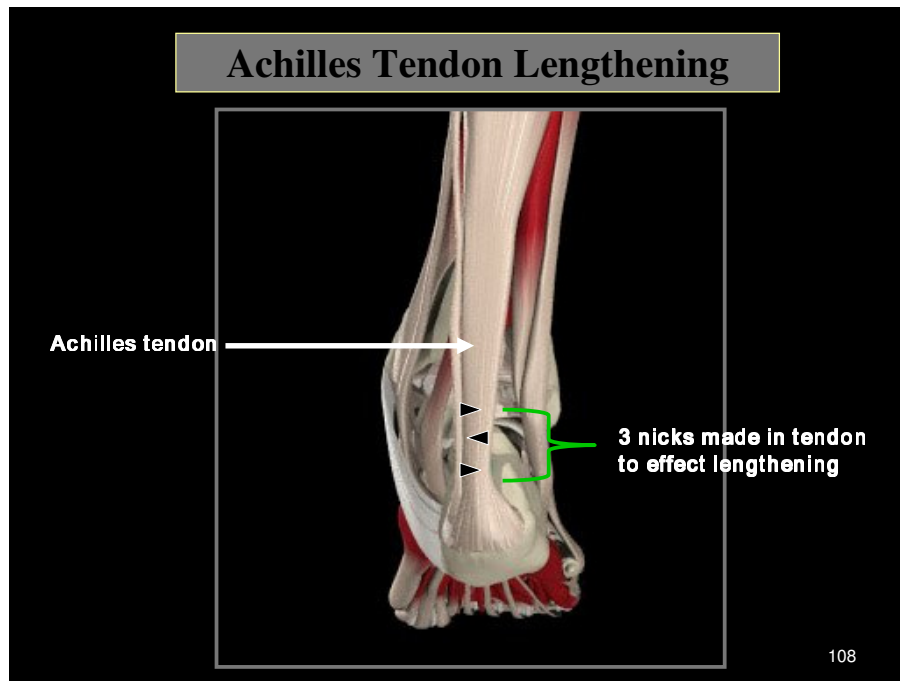
About Achilles Tendon Lengthening

P16

Adequate ankle range of motion is important for normal ankle-joint motion. Lack of flexibility can be acquired i.e. through long term use of heeled shoes, or an altered gait pattern, or congenital due to your foot type. It is sometimes known as ankle equinus contracture. In simple terms, shortening of the calf-muscle prevents normal ankle joint motion or upwards movement, known as dorsiflexion or –confusingly- ankle joint extension. The effects can be as follows; 1) the joints in the midfoot or rearfoot compensate for the lack of flexibility, causing structural collapse of the arch 2) the heel lifts earlier than normal when walking, this leads to overloading of the forefoot – which in turns can lead to chronic inflammation/pain and a build up of hard skin and corns under the ball of the foot.

Treatment for this consists of 3 small nicks being made in the tendon which then lengthens by sliding the fibres, a unique property of tendon.





Answers to Common Questions

The following is general advice and may be altered according to your needs

The Operation: The operation is performed under a regional (local) anaesthetic block, by injections behind the knee and most patients find this to be more comfortable than a dental injection. The operation itself only takes about 5 minutes, although you will be in the Hospital for around 5-6 hours, to allow for anaesthesia and an opportunity to rest post-operatively. You must have a competent adult at home for the first day and night after surgery to look after you. This allows us to be sure you will be safe for the first night. You may be *relatively* incapacitated for up to 8 weeks or longer and it is important that you allow for this and arrange suitable home support.

Following the surgery, you will be placed in a back-slab cast with your foot at 90 degrees to your ankle immediately post-operatively. This will be changed at 2 weeks into a full below-knee cast for a further 2-weeks. After this you will wear a walker boot for 4 further weeks, which allows you to start weight-bearing but protects the Achilles tendon from being stressed too much. At 8-weeks following surgery you can return to a trainer or ankle boot.

The First 2-Weeks after Surgery: You **MUST** keep off the leg on which you had the surgery. You will be using crutches (so that you can keep the weight off the operated limb), but you must rest often, with your leg up, for the vast majority of the time. For the first 3 days, you should restrict your walking to going to the bathroom and when getting about, use your crutches in the way you have been shown. After this you can gradually increase your time on the crutches.

After 3 days you can start some exercises to help keep your muscles strong while you are in the cast: 1) stand on your good foot supported and perform knee flexion exercises – by pulling you heel up to your bottom. Do 3 sets of these per day, flexing the leg 20 times per set. Combine this with leg raise exercises – 2) by sitting down with your back against the wall, simply lift the leg, whilst straight 10cm off the ground and count to 10. Do 3 sets of these per day, with 5 leg raises per set. You can continue these for the whole time that you are non-weight-bearing (i.e. for the first 4-weeks). –

Week 2: You will be seen for a cast change and wound inspection; the cast will be replaced with a full below-knee cast. You will remain non-weight bearing for 4 weeks after surgery, you will be able to slowly increase your activity over the coming weeks but still using the crutches. Remember to take your recovery slowly, as increasing activity too quickly often leads to complications such as prolonged post-operative swelling.

Week 4: Your cast will be removed and you will be allowed to commence gentle weight-bearing in a protective walker boot. Use the crutches for the first 2 weeks in the boot then walk in the boot without the crutches for the final 2 weeks. You will need to take the boot off before bathing as normal and you are not required to wear it in bed but put it on first thing in the morning and leave it on all day. When you remove the boot in the evening you can roll the foot and ankle in a circular motion to encourage joint mobility. GENTLY pull up your foot to stretch the Achilles tendon and hold for 10 seconds. Repeat this 5 times every day in the morning before putting the boot on and 5 times at night after taking it off.

Week 8: You may stop using the boot and commence wearing a trainer or walking boot. At 3 months you may try returning to normal footwear (except heels for 6-months). Increase your walking as you feel comfortable. You may commence gentle exercise from 3-months onwards. Physiotherapy is rarely necessary, but may be required if your progress is slow. We recommend you to obtain Bio Oil (from any pharmacist) and massage the Achilles vigorously for 6-weeks every day to help reduce scarring and soften the skin and deep scarring.

Achilles Tendon Lengthening: risks and potential complications

Occasionally, post-operative complications do occur. The following problems are *unlikely*, but *possible*.

- Infection (approx 2% risk; smaller risk of bone infection that would require hospitalization).
- Continued post-operative pain (chronic regional pain syndrome): rare, but requires specialist treatment.
- Failure of the operation to improve symptoms/or rarely worsening of symptoms
- Swelling is normal; however it may take up to 12 months to reduce. Occasionally some swelling may remain.
- Thickened painful scar (very rare with this surgery) and / or area of numbness down side of the foot; may improve over 12-month period. Scars can be surgically revised.
- Deep Vein Thrombosis (DVT or vein clot); occurs in around 0.3-0.5% patients, requiring specialist outpatient treatment.
- Achilles tendon (heel-cord) lengthening will leave the calf-muscle weak for a period of around 7-months following surgery, although we have not found this to be a permanent problem. Some patients may have thickening of the heel-cord and occasionally develop tendonitis, which usually resolves with time and physiotherapy treatment.
- Some patients may still need to wear a foot support (orthoses) following surgery.
- Rupture of the tendon can occur post-operatively (approx~ 1% risk)

Recurrence or failure of surgery: there is no absolute guarantee that your surgery will be a success. Usually we talk in terms of percentage improvement. The problem/s that you have means your foot is no longer normal. It is certainly not normal to have surgery and therefore your foot cannot ever be normal again. Your Consultant has performed over 8000 foot and ankle procedures, and it is our hope that these experiences and skills will help to rectify your current foot problems. Occasionally, patients do not do well from surgery, for a variety of reasons, often outside of the control of the surgeon or the patient. Very rarely a patient may be left worse off after surgery; although this is extremely uncommon. In these cases further (revision) surgery may prove necessary.

Please bring this slip with you, pre-signed on the day of your procedure.

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Declaration: I have read and understood all the information in this leaflet (P16)

Full name: _____

Signature: _____ Date: ____/____/____

Patient Parent Guardian
