

# SVO

## SILICON VALLEY ORTHOPAEDICS

### Postoperative Instructions: Achilles Tendon Repair

#### ❖ GENERAL

- Your surgery was performed through an incision at the back of your ankle. It is normal to experience some sharp pain in the ankle area from surgery. The key is elevation in the first 48 hours anytime you feel that the pain is increasing.

#### ❖ DIET

- Begin with clear liquids and light foods (jellos, soups, etc.)
- Progress to your normal diet if you are not nauseated.

#### ❖ WOUND CARE

- The splint you are placed in after surgery should remain in place until you come to the office for suture removal.
- If you note increasing redness around the splint (spreading), please call the office at (510) 739-6520.
- The splint needs to remain entirely dry until we see you back in the office.

#### ❖ MEDICATIONS

- The incisions are injected with a medication that makes the area numb; however, this will wear off in 8-12 hours. We recommend that you start pain medications when you get home so that it's in your system before this wears off.
- Most patients will require narcotic pain medications for a short period of time (max. 6 weeks)- this must only be taken as prescribed/written on the bottle.
- Common side effects of the pain medication are nausea, drowsiness, and constipation- to decrease the side effects, take medication with food- if constipation occurs, consider taking an over-the-counter laxative.
- If you are having problems with nausea and vomiting, please contact the office at (510) 739-6520 and speak with a staff member about possible medication changes.
- **Do not** drive a car or operate machinery while taking the narcotic medication.
- Ibuprofen 800mg (i.e. Advil) may be taken in between narcotic pain medication to provide baseline relief, reduce the overall amount of pain medication required, and to help increase the time intervals between narcotic medication usage.

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### ❖ ACTIVITY

- Elevate the operative leg ABOVE chest level whenever possible to decrease swelling. This involves lying completely flat with the leg elevated. The first 48 hours is a balance between mobilization (which is encouraged) and elevation (to be done whenever possible).
- **DO NOT PLACE A PILLOW UNDER THE BACK OF YOUR KNEE** (i.e. do not maintain knee in a flexed or bent position). Pillows should be under the ankle (not heel) which will keep the ankle above your heart.
- You must remain **NON WEIGHT BEARING** likely for 6 weeks or follow further instructions given by the office.
- Avoid long periods of sitting (without leg elevated) or long distance traveling for 2 weeks.
- NO driving until instructed otherwise by physician and no driving while taking narcotic pain medications.
- May return to sedentary work ONLY or school 3-4 days after surgery, if pain is tolerable. If any work/school notes are needed, please contact Becca or your designated clinic (U.S. Healthworks or NMCI).

### ❖ EMERGENCIES\*\*

- Contact Becca (cell phone: 408-707-0613) if any of the following are present:
  - Painful swelling or numbness
  - Unrelenting pain
  - Fever greater than 101.5° at least 48 hours after surgery or chills
  - Redness that is spreading around incisions
  - Continuous drainage or bleeding from incision (a small amount is expected)
  - Excessive nausea/vomiting
  - Difficulty breathing/chest pain- Consider going directly to the nearest emergency room if this is persistent
- \*\*If you have an emergency after hours or on the weekend, contact Becca on her cell number. She can connect you with me.
- **\*Do NOT call the hospital or surgery center.**

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SILICON VALLEY  
ORTHOPAEDICS

emergency that requires  
attention, proceed to the nearest

- \*\*If you have an immediate emergency room.

## ❖ FOLLOW-UP CARE/QUESTIONS

- You will receive a call within 48 hours of your surgery to check on your status.
- If you have additional questions, please feel free to email them using passport or to [becca.lopez@formortho.com](mailto:becca.lopez@formortho.com)
- If you do not already have a postoperative appointment scheduled, please contact the office during normal business hours (8:00am-5:00pm) and ask to schedule between 7-14 days after your surgery.

Please discharge patient when discharge criteria have been met. Patient is alert, oriented, and ready for discharge.

\_\_\_\_\_  
PHYSICIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
RN SIGNATURE

\_\_\_\_\_  
DATE