



Discharge Instructions: Achilles Tendon Debridement and Repair with Haglund Resection +/- FHL transfer

Wound Management

- Your skin was closed with a buried absorbable suture, skin glue, and steristrips. In some instances Nylon stitches are used.
- Leave your dressing and splint clean, dry and intact until your first postoperative appointment.
- **Strict Non-weightbearing in splint. Assistive devices as needed.**
- Use caution on slippery/icy/unstable surface to avoid falling.
- Wearing a splint can sometimes cause shooting pain and/or numbness and tingling in your leg after surgery. If you experience this, try re-positioning your leg and elevating. This should help with the discomfort. If you have persistent numbness or pain, please call Dr. Stapleton at (304) 647-5114.

Splint / Precautions:

- Leave your splint clean dry and intact.
- **Strict non-weightbearing in your splint. Assistive devices as needed.**
- Use caution on slippery/icy/unstable surface to avoid falling.
- Wearing a splint can sometimes cause shooting pain and/or numbness and tingling in your leg after surgery. If you experience this, try to elevate your leg or change positioning. This should help with the discomfort. If you have persistent numbness or pain, please call Dr. Stapleton at (304) 647-5114.

Diet:

- Begin with clear liquids and light food (jello, toast, etc.)
- Progress to your normal diet if you are not nauseated.



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Pain / Medications

- **Start your oral pain medication before your pain gets severe.**
- It is easier to maintain pain control if you stay ahead of the pain. It is difficult to catch up with your pain if it gets too severe.
- Expect to have pain following surgery. Pain level of 4-5/10 is our goal. The pain medications prescribed by Dr. Stapleton should provide relief, but often does not take all the pain away. The first few days after surgery are often the most painful. Your pain will improve with time.
- Please use narcotic medications (Oxycodone) sparingly and slowly try to decrease the amount and frequency over the next two weeks.
- Do not make important decisions or sign any legal documents while on narcotic pain medication.
- **Constipation** is common after surgery due to pain medication and lack of activity. Consider taking a stool softener such as Miralax or Colace as needed.

Continue all medications you were taking before surgery in addition to the medications Dr. Stapleton prescribed below.

Narcotic Pain Medication

- You have been prescribed a narcotic pain medication.
 - ☐ **Oxycodone 5mg by mouth every 4-6 hours as needed for pain.**

Non-narcotic Pain Medication

- In addition to your narcotic medication, you should also take (as long as there are no medical contraindications):
 - ☐ Tylenol 1,000 mg every 6 hours. Do not exceed 4,000mg of Tylenol per day.
 - ☐ Ibuprofen 600 mg every 8 hours for additional pain control.
 - Take this medication with food to help avoid stomach upset.

Blood Thinner

- You have been prescribed a medication to help prevent blood clots in your legs after surgery (medication indicated below). **It is very important for you to take this medication as directed.**
 - ☐ Aspirin 81mg (Enteric Coated) - Take one pill by mouth two times per day for 30 days.
 - ☐ Eliquis 2.5 mg- One pill by mouth two times a day for 14 days.

DR. ERIK STAPLETON

FELLOWSHIP TRAINED ORTHOPEDIC SURGEON

Sports Medicine Specialist



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Cryotherapy / Ice:

- Use ice packs regularly for 2 weeks after surgery to help with pain and swelling.
- Apply ice for 20 minutes every 2-4 hours while awake.
- Ice or cold pack should never be applied directly on the skin as this may cause frostbite. A cloth or towel should always be used between the skin and ice pack to protect the skin.
- You may consider purchasing a commercially available ice and compression device available online (e.g., amazon.com). Some options include a NICE Machine, Game Ready machine, or Cryocuff. These devices are not always covered by insurance; please contact your insurance company for cost details. If desired, Dr. Stapleton can write you a prescription for these devices.

Activity:

- Strict nonweightbearing in lower leg splint. Ambulation with assistive devices as needed.
- Take frequent short walks to help promote blood flow in your legs and minimize the risk of blood clots.
- **Do not drive while on narcotic pain medication.**

Physical Therapy:


- If necessary, formal physical therapy will be ordered by Dr. Stapleton after your surgery. You will be provided with a prescription for therapy at your first post-operative visit.

Begin these home exercises the day after your surgery.


Exercise Program

Do only those exercises indicated by your physiotherapist.
_____ times each, _____ times daily


1. Lying Knee bends
Lying on your back, slide your heel up the bed, bringing your knee up towards your chest. Use a long belt or towel looped under the arch of your foot to help bend your knee.




2. Knee Presses
Lying on your back with your legs straight, push the back of your knee into the bed by tightening your thigh muscles.




3. Heel Raises
Lying on your back, place a rolled towel or padded juice can under your knee. Keeping your knee on the roll, raise your heel off the bed as far as you can. Hold for 5 seconds, relax slowly.



4. Straight leg raises
Lying on your back with your good leg bent, keep your fractured leg straight and lift 6 inches off the bed. Lower slowly.




5. Side leg raises
Lying on your good side, keep your fractured leg straight and in line with your body. Lift the fractured leg up towards the ceiling, lower slowly.



If your leg is not in a cast, it is important to keep your ankle flexible by doing the following exercise.

Ankle Stretch
Using a long belt or towel around the ball of your foot, gently pull your foot towards you until you feel a stretch in your calf muscle. Keep your knee straight.





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Return to Work or School:

- You may return to work or school as soon as you are comfortable. This typically occurs 1-2 weeks after surgery. Return to work/school clearance notes can be obtained from Dr. Stapleton' office if needed.
- Do not drive a car or operate heavy machinery while on narcotics.

Follow-up Appointments:

- Your first post-operative appointment will be in approximately 10-14 days.
- If you do not have an appointment scheduled, please call Dr. Stapleton' office at (304) 647-5114.
- Follow-up care is a key part of your treatment and safety. Please keep and attend all appointments and call Dr. Stapleton if you have concerns or problems.

When to call for help:

Call 911 anytime you think you may need emergency care. For example, call if:

You pass out (lose consciousness).

You have severe trouble breathing.

You have sudden chest pain and shortness of breath.

Call the office at (304) 647-5114 if you have:

Severe pain that does not improve with pain medication.

Calf or lower leg pain and swelling.

Fever over 101°F for more than one day.

Incision keeps bleeding 3 days after your surgery.

Signs of infection, such as redness around incision or pus draining from your incision.

If you have questions or concerns during normal business hours, please call the office at (304) 647-5114.

After hours please call the answering service at (304) 433-8788