

Discharge Information: Achilles Tendon Rupture

This information sheet aims to answer any questions you may have about your care after discharge.

You or your family member has or is suspected to have a rupture of the Achilles tendon.

The Achilles tendon is fibrous tissue that connects the heel to the muscles of the lower leg, the calf muscles. Leg muscles are the most powerful muscle group in the body and the Achilles tendon is the thickest and strongest tendon in the body.

Contracting the calf muscles pulls the Achilles tendon, which pushes the foot downward. This contraction enables standing on the toes, walking, running, and jumping.

Initial Treatment

A half cast or “backslab” will be applied to the lower leg at the time of the injury. This will require your foot to be pointed downwards (as if you were standing on your toes) to bring the ruptured ends together.

Your treating practitioner will arrange for an ultrasound examination to further assess or confirm the diagnosis.

When there is a strong clinical suspicion of rupture you will be referred directly to the Orthopaedic Outpatients Clinic or a private Orthopaedic surgeon.

Where the diagnosis is unclear you will be asked to return to the Emergency Department to discuss the results of the ultrasound examination.

Once supported in a cast, simple pain killers such as paracetamol or ibuprofen often provide adequate pain relief for these injuries, however your individual requirements will be assessed by your treating practitioner.

You will not be able to put weight on the injured leg and staff will provide you information on where you can obtain crutches or other walking aids.

Follow Up Treatment

If you are not referred to an Orthopaedic specialist you must return to the Emergency Department after your ultrasound to discuss the results.

Plaster and Synthetic Cast Care

Initial Cast Care

If a cast or plaster splint has been applied you must do the following for the first 24 hours:

- Rest the leg
- Keep it elevated (eg. Sleep with your leg on a pillow)
- Check your foot for any of the following
 - Increasing pain
 - Increasing swelling
 - Numbness or tingling
 - Change in skin colour
 - Change in skin temperature

If you experience any of the above signs or symptoms please phone or return to the Emergency Department for review.

- Keep moving the toes
- If you have a full cast, come back the following day to have your cast checked.

Ongoing Cast Care

Do:

- Keep the cast dry
- Check daily for cracks, breaks or soft areas
- Exercise joints not affected
- Be aware of a loose cast when the swelling subsides; replacement may be necessary
- If in doubt seek advice.

Don't:

- Get the cast wet
- Get the cast near anything hot. The cast material retains heat and may cause a burn
- Poke objects inside your cast
- Alter or cut your cast in any way
- Carry heavy objects or lean on your cast

Contact Numbers

Noarlunga Hospital
Emergency Department
08 8384 9288

Flinders Medical Centre
Emergency Department
08 8204 6065

Orthopaedic Clinic
08 8204 4787

Private Orthopaedic Surgeon

Name:

Your next review is:

Address:

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Contact number:

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Appointment Date:

If a referral has been sent to the Orthopaedic Clinic and you do not receive an appointment time within 5 days you will need to call them on the number listed above.

Appointment Time:

For more information

Emergency Department
Flinders Medical Centre
Flinders Drive
Bedford Park SA 5042

Emergency Department
Noarlunga Hospital
Alexander Kelly Drive
Noarlunga Centre SA 5168

Telephone: 08 8204 5042
www.sahealth.sa.gov.au

If you require this information in an alternative language or format please contact SA Health on the details provided and they will make every effort to assist you.



This document has been reviewed and endorsed by consumers.



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