



MAINLIACHT SURGICAL DISCHARGE

Post-operative guidance

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B. Sc (Hons) Biomed, DVM (Hons), MRCVS

Complex Small Animal Surgery
Orthopaedic and Soft Tissue

- Complex Surgery
- Cruciate Disease
- Patellar Luxation
- Fracture Repair
- BOAS / TECA-LBO

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Achilles Tendon Repair Surgery Discharge Sheet

Procedure Summary

Your pet has undergone surgery involving the common calcaneal tendon, commonly referred to as the Achilles tendon. This tendon complex runs along the back of the lower hind limb and attaches to the calcaneus, or heel bone. It is important for supporting the hock during standing, walking, and weight bearing.

Surgery may have been required because of an acute partial or complete tendon injury, chronic tendon degeneration, or enthesiopathy affecting the tendon where it attaches to the calcaneus. With enthesiopathy, the tendon and its attachment can become thickened and painful and the hock may gradually drop towards the ground during weight bearing.

The exact surgical technique depends on the nature and severity of the injury. Treatment may involve direct tendon repair, removal of diseased or degenerate tendon tissue, reinforcement or replacement of the tendon using synthetic material, fixation into the calcaneus, or temporary support of the hock using a calcaneotibial screw. A splint, cast, or supportive dressing may also be required to protect the repair while healing occurs.

Tendon healing is considerably slower than skin healing. The repair must therefore be protected from excessive loading for several weeks. Strict activity restriction, careful management of any dressing or splint, and gradual rehabilitation are essential for a successful recovery.

Complications

Common and expected complications include mild swelling, bruising, discomfort, temporarily reduced use of the operated limb, muscle loss during restricted activity, and stiffness of the hock following prolonged immobilisation.

Occasional complications include wound irritation, delayed wound healing, dressing or splint-related rubbing, pressure sores, and temporary worsening of lameness during recovery. Dressing complications can develop quickly and may require more frequent dressing changes or alteration of the external support.



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Less common complications include infection, persistent swelling or lameness, irritation from implants, implant loosening, delayed tendon healing, reduced hock movement, or failure to regain normal tendon function.

Rare but serious complications include failure or stretching of the tendon repair, implant breakage, fracture of the calcaneus, significant wound breakdown, recurrent collapse of the hock, or the need for further surgery.

Chronic degenerative Achilles tendon disease can sometimes progress despite appropriate treatment. If tendon healing is unsuccessful or useful hock function cannot be restored, pantarsal arthrodesis may occasionally be considered as a salvage procedure.

Medications

Medication	How to Give	Duration	Purpose
NSAID	With food	As prescribed	Pain relief and anti-inflammatory
Antibiotic, if prescribed	As directed	As prescribed	Infection prevention or treatment
Additional analgesia	As directed	As prescribed	Post-operative comfort

All medications should be given exactly as prescribed. Anti-inflammatory medications should be given with food and may occasionally cause vomiting or diarrhoea. If this occurs, contact the practice for advice. Do not administer any human medications.



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Feeding and General Care

Your pet can usually eat and drink normally following discharge unless specific instructions have been provided.

Appetite, drinking, and urination should return towards normal following anaesthesia. It is not unusual for bowel movements to be delayed for a few days after surgery.

Weight gain should be avoided during the period of restricted activity. Excess body weight increases the load placed on the healing tendon and may make rehabilitation more difficult.

Activity and Exercise

Strict restriction and supervision of activity are essential during tendon healing.

Dogs should remain on a lead whenever outside the house, including in the garden. During the early recovery period, exercise should generally be limited to approximately five minutes of controlled lead walking three times daily for toileting unless specifically advised otherwise.

Cats should remain indoors and may require confinement to a crate or small room during the early stages of recovery.

Running, jumping, climbing, stairs, rough play, jumping onto furniture, and jumping into or out of vehicles must be prevented. Stair gates, ramps, and controlled confinement may be helpful.

Exercise must not be increased simply because your pet appears comfortable or is beginning to use the limb well. Premature loading can stretch or disrupt the repair.

Depending on the procedure performed, external support may be required for approximately six to eight weeks and lead-restricted exercise may continue for considerably longer. Return to normal activity must be gradual and should only occur when specifically advised.



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Wound Care and Protection

The surgical wound must be kept clean and dry and should not be interfered with. An Elizabethan collar should be worn if there is any risk of licking, chewing, or rubbing the wound or dressing.

A supportive dressing, splint, or cast may be required for several weeks following surgery. This forms an important part of the treatment and must not be removed, altered, or adjusted unless specifically instructed.

The dressing must remain clean and completely dry. If it becomes wet, slips, rotates, becomes damaged, develops an unpleasant smell, or appears to be causing discomfort, contact the practice promptly.

The exposed toes should be checked at least twice daily. They should remain warm, normally coloured, and free from excessive swelling. Seek veterinary advice if the toes become swollen, cold, painful, pale, blue, or otherwise discoloured.

Pressure sores are a recognised complication of prolonged external support. Early identification is important, as changes to the dressing or splint may prevent more significant skin damage.

Dressing changes are commonly required every three to seven days during the early stages of recovery, although the interval will depend on the type of support used and how well it is being tolerated.

Rehabilitation

Rehabilitation is an important part of recovery following Achilles tendon surgery.

When external support is removed, the hock will usually be stiff and have a reduced range of movement. This is expected following prolonged immobilisation and should gradually improve over the following weeks.

Controlled walking is usually introduced progressively once sufficient healing has occurred. Physiotherapy may be recommended to improve joint movement, muscle strength, limb use, and controlled loading of the healing tendon.



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Hydrotherapy may also be beneficial later in recovery once the surgical wound has healed and external support is no longer required. It should only begin after approval from your veterinary surgeon or physiotherapist.

Rehabilitation must progress gradually. Excessive stretching, uncontrolled exercise, or premature loading can damage the healing repair.

Monitoring at Home

Monitor your pet's comfort, limb use, dressing condition, appetite, and general demeanour closely.

Some reluctance to use the operated limb is expected initially. Limb use should gradually improve as healing progresses, although recovery following tendon surgery can take several months.

Following removal of external support, some stiffness and alteration in gait are expected initially. In dogs with longstanding or degenerative tendon disease, hock movement or gait may not return completely to normal.

Contact the practice if your pet suddenly becomes more lame, stops using the limb after previously improving, begins excessively licking or chewing the dressing, or appears significantly more uncomfortable.

When to Contact the Practice Immediately

Seek veterinary advice promptly if the dressing becomes wet, slips, rotates, develops an unpleasant smell, becomes damaged, or appears to be causing pain.

You should also contact the practice if the exposed toes become swollen, cold, pale, blue, painful, or otherwise discoloured.

Veterinary assessment is required if there is increasing swelling, bleeding, wound discharge, wound opening, marked discomfort, sudden deterioration in limb use, an unexpected change in the position of the hock, or concern that an implant or tendon repair may have failed. Any sudden deterioration should be assessed promptly.



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Follow-Up and Prognosis

Regular follow-up examinations are required throughout recovery. Dressing changes are commonly performed every three to seven days during the early healing period.

A wound and suture check is usually recommended approximately ten to fourteen days after surgery. Further assessment is commonly required at approximately six to eight weeks and may include radiographs where temporary implants or fixation have been used.

Where a temporary calcaneotibial screw has been used, support may be reduced in stages. One component of the support may be removed at approximately four weeks, with the remaining support commonly removed at approximately eight weeks depending on healing. Removal of a temporary screw requires a short surgical procedure under general anaesthesia.

Where synthetic tendon reconstruction or other tendon repair techniques have been performed, external support may be required for approximately six weeks before a gradual increase in controlled exercise. In some cases, lead restriction may continue for approximately twelve weeks before a progressive return towards normal activity.

Recovery following Achilles tendon surgery is gradual and commonly takes several months. Many patients regain good and comfortable limb function when the repair heals successfully and post-operative restrictions are followed carefully.

The prognosis depends on whether the injury is acute or chronic, the severity of tendon damage, the amount of functional tendon remaining, the surgical technique required, and whether degenerative tendon disease is present.

Chronic enthesiopathy can be progressive and recurrence or further tendon degeneration may occasionally occur. If adequate function cannot be restored, pantarsal arthrodesis may be considered as a salvage procedure.



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Summary

Successful recovery following Achilles tendon surgery depends heavily on strict activity restriction, meticulous dressing and splint care, protection of the tendon during healing, controlled rehabilitation, weight management, and attendance at all scheduled rechecks.

Do not remove external support or increase exercise unless specifically advised.

If you have any concerns at any stage, please contact your veterinary practice.

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