

Calcaneoplasty for Insertional Achilles Tendinopathy

WHAT TO EXPECT BEFORE DURING AND AFTER SURGERY

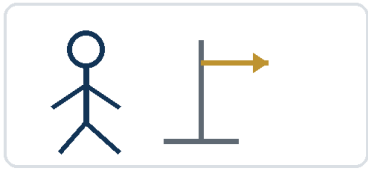
This guide explains the usual surgical journey for calcaneoplasty and treatment of insertional Achilles tendinopathy. The exact recovery depends on how much tendon must be detached, repaired or reconstructed and whether an additional tendon transfer is required.



BEFORE SURGERY



DURING SURGERY



AFTER SURGERY

WHY SURGERY MAY BE RECOMMENDED

Insertional Achilles tendinopathy causes pain where the tendon attaches to the heel bone, sometimes with calcification or a prominent area of bone. Surgery may be considered when persistent symptoms limit walking or activity despite footwear changes, load management and structured rehabilitation.

PREPARING FOR SURGERY

- Maintain comfortable ankle movement and general leg strength without aggravating the tendon.
- Tell the team about medicines, supplements, allergies, smoking and medical conditions.
- Follow fasting and medication instructions; stopping smoking supports wound and tendon healing.
- Arrange transport, home assistance and equipment for restricted weight bearing.
- Prepare loose clothing, elevation support and a safe route for crutches or a knee scooter.

WHAT HAPPENS DURING SURGERY

- The operation is performed under anaesthesia through an incision near the back or side of the heel.
- Degenerated or calcified tendon tissue is removed and the prominent heel bone is reshaped.
- The Achilles tendon may be partially detached and reattached with anchors.
- If tendon damage is extensive, additional reconstruction or a flexor hallucis longus tendon transfer may be required.
- The foot is protected in a splint or boot after surgery.

YOUR EXPECTED RECOVERY

FIRST 2 WEEKS	Keep the splint and wound dry, elevate frequently and use crutches. Weight bearing is often restricted to protect the tendon and skin.
2 TO 6 WEEKS	A boot with heel wedges commonly protects the repair. Weight bearing and ankle movement progress only according to the surgical plan.
6 TO 12 WEEKS	Wedges are reduced and transition towards footwear begins when cleared. Physiotherapy progresses walking, movement and strength.
4 TO 9 MONTHS OR LONGER	Calf strength and endurance recover gradually. Running and impact require adequate healing and objective strength; maximum recovery may take a year.

COMMON RISKS TO UNDERSTAND

Infection, blood clots, delayed wound healing, numbness or nerve irritation, stiffness, persistent pain, tendon weakness or re-rupture, anchor problems and the need for further surgery are recognised risks.

SEEK URGENT MEDICAL ADVICE FOR

Fever or wound discharge; increasing redness or uncontrolled pain; new calf swelling or pain; chest pain or breathlessness; discoloured or numb toes, a wet splint or a sudden pop or fall.

Important: This general information does not replace your consultation, consent discussion or individual surgical instructions. Your surgeon's directions take priority.

EVIDENCE BASE

FootCareMD, American Orthopaedic Foot & Ankle Society. Achilles Tendon Debridement. • BOFAS Hyperbook. Insertional Achilles Tendinopathy. • Chimentil RL et al. Current Concepts Review Update: Insertional Achilles Tendinopathy. Foot Ankle Int. 2017;38:1160-1169.

