

Suspected Achilles Tendon Rupture

Information for patients

Diagnosis:

An ultrasound scan is required to confirm your diagnosis and you will be contacted separately by the Radiology department with an appointment. Until a diagnosis is confirmed, all suspected Achilles injuries are treated as if a partial or full tear is present to ensure optimal healing. Once your ultrasound scan has been reviewed the Virtual Fracture Clinic team will contact you to discuss onwards management.



Initial treatment (provided in A&E):

You should have been provided with the following:

- 28 prophylactic anti-coagulation medication (blood thinners) to reduce the risk of deep vein thrombosis (DVT). (Not required if already taking anti-coagulation medication).
- A yellow sharps bin for disposal of your needles
- A boot with three wedges under your heel
- Elbow crutches

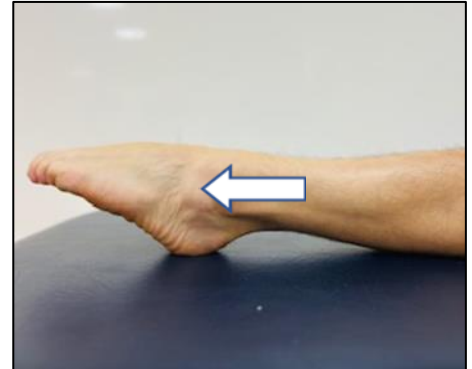
Walking and using the boot:



You **must** use the boot and wedges given to you and always keep it on, even at night. The boot can make you feel uneven when walking. Wearing a shoe with a thick sole such as a trainer on the other foot can help. It is important you weight-bear as pain allows and you may have been given crutches to assist with this. Weight bearing reduces the risk of developing a DVT.

A long sock in your boot for hygiene and skin protection is recommended. You may remove the boot to wash your leg and change your sock daily, but **it is important to keep your ankle/foot pointed down** to the

floor to aid healing (see picture). Do not stand on your injured leg when washing. Ensure your leg and foot are completely dry before reapplying your sock and boot.



As your lower leg has been immobilised and you are unable to stretch your calf muscle, it is normal to experience cramp like sensations especially at night. **Do not** stretch the calf or do any exercises until given further instructions.

[I am diabetic, does this affect my management?](#)

We may be able to provide you with an alternative boot, particularly if you have problems with your skin and/or sensation. Please contact the Virtual Fracture Clinic Team to discuss further.

Deep Vein Thrombosis (DVT)

When you have been immobilised in a boot or are unable to weight bear you have an increased risk of a DVT. This can be a life-threatening development. The risk of developing blood clots can persist for some weeks after injury.

To reduce the risk, it is important that you:

- Weight bear through your leg as directed in the boot only
- Keep well hydrated

If you are unable to weight bear, please seek medical advice.

There are certain signs to look out for which could mean you have a blood clot:

- Leg pain/swelling/redness
- New onset shortness of breath/chest pain/coughing up blood

You should seek urgent medical attention if you develop any of these symptoms.

Initial Injury Advice:

Rest and elevation

Try to rest the leg for the first 24-72 hours to allow the early stages of healing to begin. Raise your ankle above the level of your hips to reduce swelling. You can use pillows or a stool to keep your leg up.

Pain Management

It is important during your recovery that you take regular pain relief to assist weight bearing if needed. If you need further advice, please speak to your GP or pharmacist.

Smoking

Smoking will slow down you're healing. It is important that you consider this information with relation to your recent injury.

For advice on smoking cessation and local support available, please refer to the following website <https://www.oneyoukent.org.uk> or discuss this with your GP.



Further information and advice can be obtained from:

NHS 111

NHS Choices online

www.nhs.uk

The Trust operates a smoke free policy. This means that smoking is not permitted anywhere on hospital grounds. For Free NHS support to stop smoking please contact:







     123 1220

www.oneyoukent.org.uk

www.kentcht.nhs.uk/service/one-you-smokefree/

MTW NHS Trust is committed to making its patient information accessible in a range of languages and formats. If you need this leaflet in another language or format, please ask one of your clinical care team or the Patient Advice and Liaison Service (PALS). We will do our best to arrange this.

Maidstone and Tunbridge Wells NHS Trust welcomes all forms of feedback from our service users. If the standard of service you have received from the Trust does not meet your expectations, we want to hear from you. Please speak with the ward manager or the nurse in charge in the first instance, or you can contact the **Patient Advice and Liaison Service (PALS)** on:

Telephone:  01622 224960 or      632953

Email:  mtw-tr.palsoffice@nhs.net

or visit their office at either Maidstone or Tunbridge Wells Hospital between 9.00am and 5.00pm, Monday to Friday.

You can be confident that your care will not be affected by highlighting any areas of concern or making a complaint. The Trust will retain a record of your contact, which is held separately to any medical records. If you are acting on behalf of a patient, we may need to obtain the patient's consent in order to protect patient confidentiality. More information on PALS or making a complaint can be found on the Trust's website: www.mtw.nhs.uk or pick up a leaflet from main reception.

Issue date: September 2024

Database reference: RWF-THE-PHY-LEA-PAT-118

Review date: September 2028

© MTW NHS Trust

Disclaimer: Printed copies of this document may not be the most recent version.
The master copy is held on Q-Pulse Document Management System
This copy – REV1.0
