I TORE MY ACHILLES TENDON: SHOULD I HAVE SURGERY?

All information in this decision aid should be discussed with a health professional e.g. doctor, surgeon, or allied health professional

Estimates for benefits and harms in this decision aid are based on averages. Some people will experience better or worse recovery, but we cannot predict what your recovery will be like.

Who should read this decision aid?

This decision aid is for people who have been diagnosed with a ruptured Achilles tendon and are considering Achilles tendon repair surgery.

A torn Achilles (Achilles ‘rupture’) occurs when the two ends of the tendon are completely separated, often as a result of jumping, sprinting or when your heel falls into a ditch.

This decision aid can help you discuss your treatment options with a health professional and decide which is best for you.

What are the treatment options covered in this decision aid?

**Non-surgical management**
You don’t have surgery and begin rehabilitation immediately (see below)

**Surgery**
Surgery requires admission to hospital and an anaesthetic. The surgeon will make a small cut at the back of your ankle. The two ends of the tendon are then reattached using stitches. You then start rehabilitation (see below)

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**Rehabilitation**
Rehabilitation involves the following steps over 6-9 months:
0 to 3 months
- Wear a walking boot that lifts the heel up to protect the healing tendon
- Gentle moving, stretching and strengthening of the ankle
- Gradually wear the boot less and increase the difficulty of exercises

3 to 6-9 months
- Advanced strengthening of the ankle and other leg muscles
- Gradual return to work and/or sport

Comparing benefits between non-surgical management and surgery

**Key message**
It is unclear whether there is a difference in ankle function, time to return to sport and/or work, and muscle strength around the ankle between those who have non-surgical management and surgery. Most studies suggest patients achieve similar results with non-surgical management and surgery. A few studies suggest patients achieve slightly better results with surgery.

(Ochen et al. BMJ 2018;364:k5120)
### Comparing harms between non-surgical management and surgery

*Harms are more common among people with other health conditions (e.g. diabetes, heart disease), but we cannot predict if you will be one of the people who is harmed*

#### Non-surgical management

- **4 people per 100 treated** will re-rupture their Achilles tendon by 2 years
- **2 people per 100 treated** will have complications over 2 years, such as infection, nerve injury, and scarring.

#### With surgery

- **2 people per 100 treated** will re-rupture their Achilles tendon by 2 years
- **5 people per 100 treated** will have complications over 2 years, such as infection, nerve injury, and scarring.

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**Further information:**

*From a review of 29 studies (including over 15000 people) that compared non-surgical management and surgery after an Achilles tendon rupture (Ochen et al. BMJ 2018;364:k5120).*

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### Summary of benefits, harms and other practical issues

<table>
<thead>
<tr>
<th>Non-surgical management</th>
<th>Surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Potential benefits</strong></td>
<td><strong>Potential benefits</strong></td>
</tr>
<tr>
<td>- Avoid surgery and its cost</td>
<td>- Lower risk of re-rupture</td>
</tr>
<tr>
<td>- Lower risk of complications</td>
<td></td>
</tr>
<tr>
<td><strong>Potential harms</strong></td>
<td><strong>Potential harms</strong></td>
</tr>
<tr>
<td>- Greater risk of re-rupture</td>
<td>- Greater risk of complications</td>
</tr>
<tr>
<td></td>
<td>- Out of pocket costs might be high, depending on your insurance circumstances</td>
</tr>
</tbody>
</table>

**In both cases** you will experience initial limitations in ankle movement and strength, ability to work, driving, and won’t be able to play sport for at least 6-9 months.

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### Questions to consider when talking with a health professional...

- Do I need surgery? What happens if I don’t have surgery? What happens if I do nothing?
- Is surgery suitable for me considering my unique medical, financial, insurance and personal circumstances?
- Can I delay the decision about whether to have surgery?
- Do I know enough about the benefits and harms of non-surgical management and surgery to make an informed decision?
- Am I clear about which benefits and harms I value the most?
- What would my out-of-pocket costs be for surgery and/or rehabilitation?

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**Discler: The National Health and Medical Research Council (NHMRC) provided funding to develop this tool but had no involvement in the development process. The developers of this decision aid include orthopaedic surgeons, physiotherapists and psychologists, who have a range of views on the information in this decision aid. 7/9 developers have a PhD. None of the developers will gain or lose anything based on the choices that people make. Feedback from people with Achilles tendon ruptures and health professionals practicing in various clinical settings was used to refine the information presented in this decision aid. The average readability across each section of this decision aid according to the Flesch-Kincaid Grade Level is 10.5.**

**Last reviewed:** 26/01/22. Update due 15/07/24.