DR. KAISEN YAO, MD

ORTHOPEDIC SPORTS MEDICINE SURGEON

Informational Packet

Achilles Tendon Repair Surgery

Northwell Health
Department of Orthopedic Surgery & Sports Medicine

Dr. Kaisen Yao, MD

Welcome

This booklet covers what to expect before, during, and after Achilles tendon repair surgery, and outlines the first steps of your recovery. If you have not already, please register for Epic MyChart to view your appointments, message your care team, and access your records online.

Keep this packet somewhere handy in the weeks before and after surgery — it answers most of the questions patients ask us during recovery.

Meet Your Surgeon



Dr. Kaisen Yao, MD

Sports Medicine & Orthopedic Surgery

Dr. Yao specializes in sports medicine and orthopedic surgery of the knee, shoulder, elbow, and hip, with a focus on ligament reconstruction, cartilage restoration and preservation, arthroplasty, and orthopedic trauma and fracture care. He completed his sports medicine fellowship at the prestigious NYU Langone Health and his orthopaedic surgery residency — serving as Chief Resident — at Lenox Hill Hospital. During his fellowship, he also worked with several professional sports teams as a team physician, including the New Jersey Devils, Washington Commanders, and Jacksonville Jaguars. A former collegiate swimmer at Washington University in St. Louis, Dr. Yao brings an athlete's perspective to helping patients return safely to the activities they love. Outside of orthopedics, he enjoys golf, swimming, classical piano, exploring new restaurants, and traveling the world.

He sees patients at the following locations:

Lenox Hill Hospital
130 E 77th Street, 7th Floor
New York, NY

Astor Place
740 Broadway, Suite 604
New York, NY

Downtown Brooklyn
68 Flatbush Avenue
Brooklyn, NY
718-208-1440

Anatomy of the Achilles Tendon

The Achilles tendon is the thick, strong tendon connecting your calf muscles (gastrocnemius and soleus) to your heel bone (calcaneus). It's the tendon responsible for pushing off the ground when you walk, run, or jump, and it withstands enormous forces during athletic activity.

An Achilles rupture typically happens suddenly — often described as feeling like being kicked or hit in the back of the leg — during forceful push-off activities like sprinting or jumping, and is frequently accompanied by a pop and immediate difficulty walking or rising onto the toes. Once torn, this tendon does not reliably heal to full strength and length without treatment, and many active patients benefit from surgical repair to restore strength and reduce the risk of re-rupture.

Achilles Tendon Repair Surgery

Achilles tendon repair is an outpatient surgery in which the torn tendon ends are sutured back together, restoring their normal length and tension, through either a traditional open incision or a smaller, minimally invasive approach, depending on your anatomy and the tear pattern.

Because the tendon needs time to heal under minimal tension, recovery follows a carefully staged process: the ankle is initially positioned pointed downward (equinus) to take stress off the repair, then gradually brought toward a neutral position as the tendon heals and strengthens over the following weeks.

Preoperative Instructions

1. **No tobacco.** If you use any tobacco or nicotine products, please stop. Tobacco use raises the risk of infection, blood clots, and a higher risk of the repair healing poorly or re-rupturing. Please stop at least 4 weeks before surgery and continue avoiding it through recovery.

2. You will be notified of your arrival time the day before surgery.

3. Do not shave the surgical calf and ankle for the 5 days leading up to surgery.

4. Wear loose-fitting clothing on the day of surgery — you will leave in a splint or boot and will be non-weight bearing initially.

5. Skip lotion, makeup, and deodorant on the day of surgery; some skin-prep solutions contain alcohol and can react with these products.

6. Nothing to eat after midnight the night before surgery (this includes gum, mints, and hard candy). A small amount of water is fine up until 4 hours before your check-in time. No dairy, juice, soda, or protein shakes starting at midnight.

7. Your first postoperative visit is usually scheduled 8–14 days after surgery. Starting physical therapy within the first week is important to protect your recovery.

8. Please schedule your first postoperative physical therapy visit before the day of surgery. Many clinics have a 1–3 week wait for new appointments, so book as soon as your surgery date is confirmed. Let our office know if you are having trouble getting scheduled.

9. If you take a GLP-1 medication (for diabetes or weight management), plan to hold it for 2 weeks before surgery due to delayed gastric emptying under anesthesia — please still confirm the exact timing with our office and your anesthesiologist.

Splint, Boot & Crutch Instructions

You'll leave surgery in a splint positioning your foot pointed downward to protect the repair, transitioning to a walking boot with heel wedges at your first follow-up visit. You will be non-weight bearing initially. Make sure your crutches are fitted properly: standing normally, there should be about two finger-widths between the top of the crutch and your armpit, with hand grips at wrist level and elbows slightly bent.

- Do not put any weight on the surgical foot until Dr. Yao specifically clears you.
- Keep the splint completely dry at all times.
- Elevate the leg above heart level as much as possible in the first 1–2 weeks to control significant swelling.
- Never actively push your foot upward (dorsiflex) or stretch the calf on your own — this can damage the healing repair.
- Bear weight through your hands, not your armpits, when using crutches — underarm pressure can cause numbness.

Day of Surgery

What to expect: This is an outpatient procedure — you'll go home the same day. Plan to arrive about 2 hours before your scheduled surgery time and to be discharged 1–2 hours after the procedure ends.

Anesthesia & nerve block: Most patients receive general anesthesia (you'll be asleep) along with a regional nerve block (often a popliteal block) for pain control. The anesthesiologist uses ultrasound guidance to inject numbing medication around the nerves behind the knee. The block typically numbs the foot and ankle for 8–24 hours, though this varies by patient. Your anesthesiologist will review the details with you the morning of surgery.

Benefits of a nerve block include:

- Better pain control in the first day after surgery
- Lower risk of nausea, vomiting, and grogginess from general anesthesia
- Earlier ability to eat and drink after surgery
- Faster, smoother discharge from the surgery center

Postoperative Instructions: Weight Bearing & Boot Progression

You will be non-weight bearing on the surgical leg for approximately the first 2 weeks. At your first follow-up visit, you'll typically transition to a walking boot fitted with heel wedges that keep your foot in a slightly pointed-down position, and begin progressive weight bearing as directed.

Over the following weeks, heel wedges are removed one at a time at scheduled visits to gradually bring your ankle toward a neutral position as the tendon heals — please do not remove wedges on your own or attempt to stretch the tendon early.

Resting & Sleeping

Sleep with the splint or boot on as directed, and keep the leg elevated above heart level to help control swelling, especially in the first 1–2 weeks.

Bandages, Dressing & Bathing

A dressing covers your incision under the splint — please keep it completely dry until your follow-up visit, when it will typically be removed and you'll transition to the boot. Sponge bathe in the meantime, keeping the leg out of the water entirely.

If the splint feels too tight, causes numbness, or becomes wet or damaged, contact our office so we can see you sooner if needed.

Pain Management

Some pain, swelling, and stiffness after surgery is normal and expected - the goal of our pain protocol is to keep you comfortable, not pain-free. Your specific prescriptions will be reviewed with you at discharge. Your standard medication plan is:

- **Celecoxib 200 mg** - take by mouth twice daily for 30 days.
- **Oxycodone (Roxicodone) 5 mg** - take by mouth as needed for pain, up to 4 times a day, for the first 5 days after surgery.
- **Acetaminophen (Tylenol) 500 mg** - take by mouth as needed for pain, every 6 hours.
- **Aspirin (chewable) 81 mg** - take by mouth twice a day for 30 days to help prevent blood clots.
- **Senokot-S (sennosides-docusate)** - take 1 tablet by mouth daily, starting the day of surgery, for 14 days, to help prevent constipation from the pain medication.

If you received a nerve block, remember it will wear off over the following 8-24 hours. Start your pain medication on schedule rather than waiting for the block to wear off, since pain is easier to prevent than to catch up on. Taking medication with food can reduce nausea.

Using a cold therapy unit for roughly an hour on, an hour off while awake can meaningfully reduce pain and swelling. If you don't have a cold therapy unit, regular ice packs work well too - use them as needed, with a thin towel between the ice and your skin.

Do not drive, operate machinery, or drink alcohol while taking narcotic pain medication. If prescribed antibiotics, complete the full course.

What's Normal During Recovery

Constipation. Pain medication and anesthesia commonly slow the bowels. Stay ahead of it by moving regularly, drinking plenty of water, eating fiber, and using a stool softener as directed.

Swelling. Some swelling near the surgical site is expected in the first couple of weeks. Elevate the area above heart level when possible and use cold therapy regularly.

Bruising. Bruising can appear around the surgical site and track along gravity's pull over the following days, typically 3–7 days after surgery, and will fade over time.

Low-grade fever. A mild fever (under 101°F) in the first couple of days is common. A higher or persistent fever, or worsening pain at the incision, should be reported to our office.

Blood clot precautions. Achilles tendon repair carries a higher blood clot risk than most of our other procedures because of the period of non-weight bearing and ankle positioning involved — moving your toes and hips frequently and following your weight-bearing progression closely helps reduce this risk. Seek urgent care or an ER evaluation for calf pain, worsening leg swelling, shortness of breath, chest pain, or a racing heartbeat.

When and How to Contact Us

Call our office if you experience:

- Pain that isn't improving with rest, medication, ice, and elevation
- No bowel movement for more than 72 hours despite laxatives/stool softeners
- A dressing that is soaked through with blood or fluid
- Shaking, chills, or a fever over 101°F

Practice number	718-208-1440
After hours / weekends	718-208-1440
Patient portal	Epic MyChart
Emergencies	Dial 911 or go to the emergency room at either Greenwich Village Hospital or Lenox Hill Hospital

Greenwich Village Hospital (Lenox Health Greenwich Village) — 30 Seventh Avenue, New York, NY 10011
Lenox Hill Hospital — 100 East 77th Street, New York, NY 10075

Exercises — Starting Day 1 After Surgery

Perform these gentle exercises as directed until your first physical therapy visit. Ankle motion exercises are introduced carefully and gradually — never stretch or actively pull your foot upward on your own during the early healing period.

Toe curls and spreads. While in the splint, gently curl and spread your toes to maintain circulation. 10–15 reps, several times a day.

Knee and hip motion. Keep the knee and hip moving through their full range while the ankle is immobilized, to maintain overall leg strength and circulation.

Gentle ankle motion (once approved). Once directed by Dr. Yao or your therapist, gently move the ankle only within the specific, protected range they define — this is introduced carefully to avoid stressing the healing tendon.

Elevation. Keep the leg elevated above heart level when resting, especially in the first 1–2 weeks, to control significant early swelling.

Frequently Asked Questions

When can I put weight on my foot?

Typically not until around 2 weeks, once Dr. Yao confirms early healing is progressing well and transitions you to the boot with heel wedges.

Do I sleep in the splint or boot?

Yes, until you're told otherwise at a follow-up visit.

How much pain should I expect?

Achilles tendon repair is not pain-free. Expect meaningful discomfort and significant early swelling for the first 1–2 weeks, improving steadily with elevation, ice, and medication.

How long will I need crutches?

Most patients use crutches for about 2 weeks while non-weight bearing, transitioning to the boot with progressive weight bearing after that.

When can I drive?

Generally once you are off narcotic pain medication, out of the boot (for a right ankle), and can comfortably and safely operate the pedals — usually not before 8–10 weeks.

When can I return to work?

Desk jobs: often within 1–2 weeks with the leg elevated, once off narcotics. Physical or labor-intensive jobs: typically 4–6 months, depending on demands.

When can I return to sport?

Most guidelines recommend waiting a minimum of 6–9 months, since returning earlier carries a meaningfully higher risk of re-rupture. You'll also need to pass strength and functional testing with physical therapy before clearance.

How long will I need physical therapy?

Typically 6–9 months, tapering in frequency as strength, motion, and confidence return.

Can I get a disability/FMLA note?

Yes — ask at any pre- or post-operative visit, or call our office: 718-208-1440.

Rehabilitation Overview

0–2 weeks	Non-weight bearing in a splint with the foot positioned pointed downward. Elevate extensively to control swelling.
2–6 weeks	Transition to a walking boot with heel wedges; progressive weight bearing as directed. Wedges are removed gradually at scheduled visits. Formal physical therapy typically begins around this point.
6 weeks–3 months	Wean out of the boot as the ankle reaches a neutral position. Begin gentle range-of-motion and progressive strengthening.
3–6 months	Progress strengthening, calf-raise capacity, and balance work. Light jogging progression often begins toward the end of this window.
6–9 months	Return to sport, contingent on passing strength and functional testing — not on time alone. Returning before 6 months is associated with a higher risk of re-rupture.

This is a general framework — your pace may differ based on the repair technique used and how your tendon responds. Your physical therapist and Dr. Yao will adjust this timeline together with you.