



Post-Operative Instructions

Achilles Tendon Repair

WOUND CARE

- Keep splint clean and dry.
- Do not remove splint.
- Swelling and bruising in the toes is common.

ACTIVITY

- Non-weight bearing of the affected extremity.
- Ice and elevate the affected extremity. Ice at least 3-4 times a day; 20 minutes on and 20 minutes off.

PAIN MANAGEMENT

- TAKE YOUR PAIN MEDICATION AS DIRECTED ON THE BOTTLE.
- If you have used a particular pain medicine (Percocet or Vicodin) that has worked well for you in the past, please inform your physician or PA prior to the procedure.
- For instructions on refilling a prescription, please read our **Prescription Refill Policy**.
- Use Ibuprofen (ex. Advil) 200-800mg four times per day to help with pain and swelling in addition to narcotic pain medicine. **Do not exceed greater than 3200 mg of Ibuprofen daily.**
- Call the office if you have uncontrollable pain.
- If you are taking narcotic pain medication (Percocet or Vicodin), we recommend an over-the-counter stool softener, such as Docusate or Milk of Magnesia, to prevent constipation.

EMERGENCIES

Call the office at (401-218-6005) if you experience the following:



- Cast or splint becomes wet or ruined
- Pain uncontrolled by pain medicine
- Fever > 101 ° F or shaking chills
- Difficulty breathing or chest pain
- Painful swelling despite ice and elevation

FOLLOW-UP CARE/QUESTIONS

- Keep the splint on until your first post-op appointment; the splint will be removed and you will be fitted in a removable boot.
- You should have a post-operative appointment scheduled for 2 weeks after your surgery. If not, please contact our office at 401-218-6005 to schedule.
- A member from our team will call you the day after your surgery to answer any additional questions or concerns.



Prescription Refill Policy

401-218-6005

Our office requires **72-hour business hours for all prescription requests**. We are unable to write prescriptions on an emergency basis, so please monitor your medication carefully. Do not wait until you are completely out of medication to request a refill. We process requests in the order they are received.

Your request requires **one clear and detailed message to 401-218-6005**, with your full name, date of birth and best contact information. You will receive a call back the day before your script will be made available to you. **If you have not received a call or voicemail, your request has not been processed.**

PLEASE NOTE: If you are currently being followed by another doctor for pain medication, please have an open line of communication with their office, as we do not prescribe for long-term pain management. We will only prescribe to patients for a short period of time after surgical procedures. If you feel as though you will need to continue to take controlled medications after our treatment is complete, you will be referred back to the existing prescriber or a pain management facility.

Thank you in advance for your patience and cooperation.