7:44 am
Endoscopic Debridement
Angus M. McBryde, MD

Chronic Achilles Tendon Problems
“Endoscopic Debridement”

Symposium AOFAS
Denver, Colorado
Thursday, June 26, 2008

Angus McBryde Jr. MD FACS

“Endoscopic Debridement for Treatment of Insertional Achilles Tendinitis”

Angus McBryde Jr. MD FACS

My disclosure is in the June final AOFAS program book and in the Orthopaedic Surgeons Disclosure Program Database

I have no potential conflict with this presentation

achilles tendinopathy

The basic function of tendons is to transmit force with “reasonable safety margins”

McBryde, AM and Ortmann, FW
“Retrocalcaneal Bursoscopy” in Techniques in Foot and Ankle Surgery

Ortmann FW, McBryde, AM Endoscopic bony and soft tissue decompression of the retrocalcaneal space for the treatment of Haglund deformity and retrocalcaneal bursitis Foot Ankle Int 2007 Feb ;28(2):149-153

• Haglund’s deformity
• Retrocalcaneal bursitis without scarring and obliteration
• Retrocalcaneal bursitis with scarring and obliteration
• Hypertropic and dense paratenon
• Severity of achilles tendinopathy

ankle sprain video
RETROCALCANEAL BURSITIS/ACHILLES INSERTIONAL PROBLEMS, LIKE POSTERIOR IMPINGEMENT, ALSO CAN FOLLOW ANKLE SPRAIN!

Achilles Tendon
Retrocalcaneal Bursitis

How do Achilles tendon problems tie into this?

achilles tendinitis/tendinopathy

TREATMENT

acute chronic
2 weeks 6 weeks

• S-A-D-I-S-T
• eccentric mode Rx
• change mechanics
• orthoses
• etc.

gout

Unruptured vs. ruptured tendons: the histology is different!! There is increased type III collagen.

Maffulli et al, Aberdeen, Scotland
AJSM Dec 2000

97% of spontaneously ruptured tendons had degenerative changes i.e. mucoid, tendinomatosis, ca++, etc.

Kannus et al, Budapest, Hungary
JSMS Dec 1991

Increased blood flow in tendinopathy
Astrom Clin Orthop 1994

He got well!
Surgery for Achilles tendinopathy criteria:
1. >20% of tendon involvement
2. lack of nonoperative response—full rx including eccentric strengthening
   
   Alfredson Sports Med Feb 2000

3. the younger and more active the quicker
4. obesity and large people
5. one year duration

"special mechanical environment at the distal part of the tendon"
Roth et al J Orthop Res 1985

Skin and soft tissue is very tenuous and sensitive at the Achilles insertion. This career was shortened.
endoscopic removal of bone, bursa and paratenon

issues with indications and contraindications:
1 - “at risk” Achilles insertion?
2 - accessibility of Haglund’s and retrocalcaneal bursa
3 - soft tissue problems

Van Dijk 2001
Jerosch 2003
Leitze 2003
Berlet 2008
not small but large joint arthroscopy skills just as with the knee and shoulder

equipment needed:
4.0 arthroscope
3.5 and 4.5 full radius blade
flat burr with short sleeve (as in shoulder)
several size curette with thin shaft
sterile mineral oil
mini C-arm

Supine position to:
(a) use body to adjust ankle dorsiflexion
(b) enables cylindrical bolster of 8-9 inches with diameter of 4-6 inches for free arc of usage of both hands
(c) can convert to open easier
conclusions

The indications are crystallized, the procedure adopted and with a “doable” learning curve. The results generally are good with “3 to 6 weeks” plus short rehab.

Retrocalcaneal Bursoscopy

Rough summary my patients: initial surgery Aug. 1997…… Now ~250
~35 operated
1 rupture—(compliance)
85-90% good and excellent results
Temporary sural nerve symptoms seem the most common problem
Gillingly, Adelaar, Thorneberry and others
(Prone vs. supine, 2 medial vs. right and left portals, when to open??)
Todd Bell MD, Matt Hatzi MD, Fred Ortman MD, McBryde MUSC/USC