Immediate Postsurgical Weightbearing After Treatment of Insertional Achilles Tendinopathy with Double Row Fixation Technique: Prospective Review of 29 Patients

Anand Vora, MD
Clinical Assistant Professor University of Illinois
Illinois Bone & Joint Institute
Immediate Postsurgical Weightbearing After Treatment of Insertional Achilles Tendinopathy with Double Row Fixation Technique: Prospective Review of 29 Patients

Anand Vora, MD

My disclosure is listed in the Final AOFAS Program Book.

I have a potential conflict with this presentation due to:

Consultant Arthrex
Introduction

- Insetional Achilles tendinopathy may benefit from surgical management when refractory to conservative care.

- Numerous studies have demonstrated excellent results with surgical management.

- The results of surgical treatment using a surgical construct providing sufficient fixation to allow for immediate weight bearing is described.
Methods

- Prospective single surgeon series of 29 patients
- Minimum followup of one year
- Postoperative CAM boot with heel wedge
- Immediate weight bearing autoregulated by pain
- Transitioned as tolerated to neutral in boot and regular shoe at 4 weeks postoperatively
- VAS scores, shoewear needs, and ability to return to ADL and sports assessed
Surgical Technique

- Midline incision
- Debridement of diseased Achilles
- Resection of adventitial and/or retrocalcaneal bursitis
- Excision of posterior superior process of calcaneus
- Tendon reapproximated to calcaneus using double row anchor fixation technique (Speedbridge or Suturebridge, Arthrex, Naples, FL)
- 10 patients with concomitant gastrocnemius lengthening
Results

- Mean age 52 yrs (29 to 77 yrs)
- Mean followup 20 months (13 to 26 months)
- Average AOFAS score 47 preop to 91 postop
- Average VAS score 7.1 preop and 1.5 postop
Results

- One patient with deep infection requiring wound / partial tendon debridement had additional surgery (FHL transfer)
- 2 superficial wound infections resolved with local wound care
- All but one patient (with deep infection) able to perform single heel rise and preinjury level of ADL or sports by one year post op
- All patients unrestricted in shoewear
Conclusions

- Immediate weight bearing following surgical treatment of insertional Achilles tendinopathy using a double row tendon fixation construct is safe and reliable.
Conclusions

- Outcomes similar to other studies with longer no weight bearing postoperative protocols
- High patient satisfaction
- Deep infection may lead to suboptimal outcome
References

- Johnson, KW; Zalavras, C; Thordarson, DB: Surgical management of insertional calcific achilles tendinosis with a central tendon splitting approach. Foot Ankle Int. 27(4):245 – 50, 2006
- Wagner, E; Gould, JS; Kneidel, M; Fleisig, GS; Fowler, R: Technique and results of Achilles tendon detachment and reconstruction for insertional Achilles tendinosis. Foot Ankle Int. 27(9):671–684, 2006
- Nunley JA; Ruskin G; Horst F: Long-term clinical outcomes following the central incision technique for insertional Achilles tendinopathy. Foot Ankle Int 32(5):850-5, 2011