Endoscopic Management of Heel Cord Pain after Repair of Acute Rupture of Achilles Tendon

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1. Incidence of pain at the tendon repair site is variable and partly depends on the method of repair. It can be as high as 67%

2. Cause of pain:
   A. nonabsorbable suture granuloma formation,
   B. modification of the threshold of the pain receptors inside the tendon by the new scar tissue,
   C. paratenon stretching by tendon enlargement with secondary stimulation of the abundant mechanical receptors of the paratenon
   D. underlying tendon degeneration.

3. Classification:
   A. Midportion of the tendon, At the site of repair
   B. Close to the calcaneal insertion.
      I. Impingement of the thickened tendon by the posterosuperior calcaneal tubercle
      II. Fibrous adhesion of the tendon to the posterosuperior calcaneal tubercle
   C. Concomitant fibrous adhesion of the adjacent tendons of the posterior compartment

4. Clinical assessment
   A. Different level of severity: ambulation; work; sport
   B. Ankle motion usually not limited
   C. Extent of involvement:
      I. Location of pain
      II. Extent of tendon segment involved
      III. Involvement of adjacent tendons
   D. MR imaging is important for surgical planning
5. Achilles tenolysis
   A. Prone position with thigh tourniquet
   B. Portals depend on extent of involvement
   C. Aim of operation: denervation and debulking of the tendon
   D. Key of success:
      I. Accurate determination of the extent of involvement
      II. Circumferential tenolysis
      III. Tenolysis of the whole segment of involvement
      IV. Immediate post-operative mobilization and stretching exercise
   E. Structure at risk: sural nerve