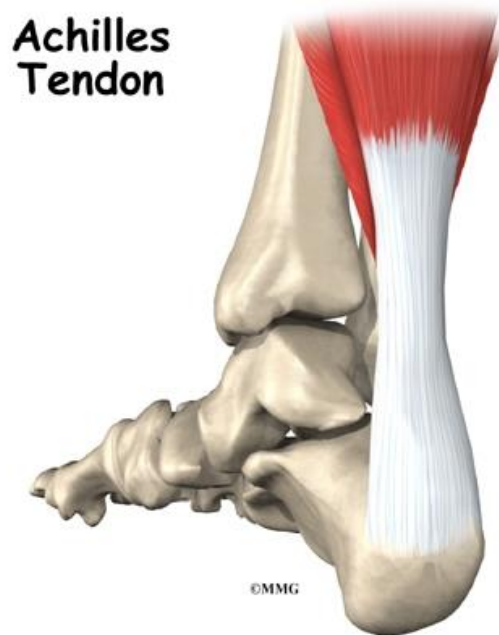




NIKHIL NANAVATI

## Achilles tendon disorders



### Introduction

The Achilles tendon is at the back of the heel and transmits strong forces in the leg which makes it more susceptible to ‘wear and tear.’ This ‘wear and tear’ is usually described as **‘insertional’** Achilles tendinosis or **‘non-insertional’** Achilles tendinosis. There is also a condition called Achilles tendonitis which is a new, sudden onset in pain.



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## **Achilles tendon disorders**

Achilles Tendonitis



### **Achilles tendinitis**

An Achilles tendinitis is a term used to describe a sudden pain in the tendon, with a short onset of duration and is usually due to sudden high impact activities or exertion. Stretching and progressive build-up to training programmes will help prevent this condition.

Treatments consist of ICE, rest, physiotherapy and stretching exercises. It is extremely important that you don't partake in sudden high impact exercises but instead use a training regime to build-up to the high level of exercise required. This will condition and train the tendon over a more progressive period.

### **Insertional Achilles tendinosis**

This is 'wear and tear' of the tendon at the point where it inserts into the heel bone. Fibres of the tendon may be frayed or inflamed which leads to pain in this region. There may be evidence of a swelling at the back of the heel bone which may be a bony spur or an inflamed pocket of fluid.

If patients have not improved following physiotherapy, stretching and Achilles braces then surgery may be required.



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### **Insertional Achilles tendinosis surgery**

The Achilles tendon is retracted to gain access to the inflammation and bony lumps causing the pain. This area is cleared out in full and the tendon is reattached back to the heel bone. Patients are normally kept in a plaster cast for a period of 6 weeks with a wound check in the plaster room (and change of cast) at the 2-week mark.

Patients will normally require at least 6 weeks of medication to reduce the risk of blood clots.



### **Non-insertional Achilles tendinosis**

The blood supply to the Achilles tendon has a slight interruption around 5-7cm above its attachment to the heel. It is in this region that it is prone to developing inflammation and as there is less blood available to heal this area, it becomes progressively more frayed and worn out.

The mainstay of treatment for this condition is physiotherapy and stretching exercises. It may take at least 18 months of conditioning before noticing any



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improvement but Achilles braces may also help. If physiotherapy isn't improving symptoms by 6 months, an injection into the tendon sheath may be offered. This procedure can have variable outcomes – some patients improve whilst others still struggle with symptoms.

If patients are still struggling at the 18 month mark, having worked hard at physiotherapy, then surgery may be offered but the outcomes of this again are 50:50. Given the blood supply in this region is poor; there is a risk of wounds not healing following surgery so it is important patients have exhausted all other options available.

### **Non-insertional Achilles tendinosis surgery**

The area of inflammation within the tendon is identified and scar tissue is removed from around the tendon. The tendon edges are 'freshened-up' to improve the circulation to this region, therefore improving the chances of healing. Patients may also be kept in a plaster cast for a period of 2 weeks to allow healing of the wound and Achilles tendon.

Patients will normally require at least 2 weeks of medication to reduce the risk of blood clots.

**Patients will also be provided with a personalised treatment plan following their individual operations.**