SYDNEY ORTHOPAEDIC SPECIALISTS

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Specialising in the Foot and Ankle

Insertional Achilles Tendinosis

INTRODUCTION

Insertional Achilles tendinosis is a degenerative condition of the insertion of the Achilles tendon on the back of the heel bone. It is often associated with a prominent back part of the heel bone, called a Haglund deformity. Over time, the tendon becomes torn, inflamed, and can be replaced with calcific degeneration. At this point, surgery is required, as nonoperative options are not typically successful.

THE PROCEDURE

There are a number of steps to reconstructive surgery for this problem:
1. General Anaesthetic
2. Administration of intravenous antibiotics
3. Ankle block with local anaesthetic for post-op pain relief
4. Incision
5. Approach through the midline of the Achilles tendon insertion
6. Haglund deformity is excised
7. Tendon is repaired back to the bone
8. Wound Closure with sutures
9. Plaster Backslab

RISKS & COMPLICATIONS

Every surgical procedure carries some risk. These risks are largely uncommon and many are rare.
They include:
Anaesthetic complications
Drug reactions
Wound infection
Deep Vein Thrombosis (DVT)/Pulmonary embolism (PE)
Sensory nerve injury

Chronic Regional Pain Syndrome
Failure of the procedure to relieve some or all of the presenting symptoms
Recurrence of pain/lump

POST OPERATIVE PROTOCOL

2 - 3 nights in hospital for observation, training with hospital physiotherapist to use crutches/knee scooter
Frontslab plaster and its dressings kept dry and intact until first post-op appointment
Keep foot elevated as much as possible, for the first 2 weeks
Bloodthinner (Xarelto) taken for first 2 weeks whilst non-weightbearing
Pain killers required for up to 2 weeks
First post-op appointment roughly 2 weeks post surgery for wound check and conversion to full cast
Weeks 1-2: non-weight-bearing in plaster backslab, anticoagulation
End of week 2: wound check, transition into a boot with hinge, commence partial weight-bearing on setting "2" progressing to full weight bearing as pain allows, remove crutches when fully weight-bearing
End of week 4: change boot to setting "1"
End of week 6: change boot to setting "0", physiotherapy commences
End of week 7: change boot from wedge to flat sole
End of week 10: normal shoes
Return to long distance walking by 4 months
Ongoing, incremental improvements till 9 months
Full recovery up to 12 months

PROBLEMS AND CONCERNS

If you have any queries or concerns, contact Dr. Ling's rooms on 9650 4782 between business hours. After hours or on weekends, if your matter is urgent, please present to the Emergency Department at Prince of Wales Hospital if you are an adult, or Sydney Children's Hospital if the patient is your child, and you will be seen by the Orthopaedic Registrar on call, who will contact Dr Ling directly