

# Percutaneous tenodesis of the Achilles tendon. [German]

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## **Abstract:**

Approach to the Problem: Various studies (3, 6, 9, 14, 22, 28, 30, 33) have shown that, on average (26), the surgical treatment of a freshly ruptured Achilles tendon can be considered a more appropriate and better treatment than a conservative immobilisation therapy. On the other hand the rate of complications in openly executed reconstructions is quite considerable at 11-29% (13,19, 20, 31). It therefore seems reasonable to develop a process which, by using minimal invasive measures on the tendon, reduces the risk of complications arising from surgery and simultaneously makes an early post operative treatment encouraging maximum mobility possible. Method: We have developed a percutaneous tenodesis of the Achilles tendon using two Lengemann extension wires and fibrin bonding at the point of rupture (8,18). This process has been applied to 21 patients since 1995. Check-up period for further examination: 1 year. Results: Exclusively male patients have been treated, average age 42 years. The Achilles tendon ruptures occurred in sporting activities and were handled with operations in an average time span of 22 hours. In one case there was a re-rupture resulting from traumatic conditions. All other results were good to very good and free of complications. Conclusions: The percutaneous tenodesis of the Achilles tendon using Lengemann extension wires and fibrin bonding provides a simple, good value and reliable process which should be used for freshly occurred Achilles tendon ruptures. Clinical relevance: Particularly worthy of mention are the problem-free treatment, the good results and the broad acceptance by the patients. These advantages make the demonstrated process ideal for routine clinical application.