MINIMALLY INVASIVE COABLATION THERAPY AND DEBRIDEMENT FOR THE ACHILLES TENDON
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PROCEDE: Symptomatic areas were marked preoperatively. Multiple small surgical incision sites to the level of the paratenon and tendon were made. Tip of the microdebrider is then placed on the surface of the tendon and activated for 0.5 seconds. Tip sinks into the treatment area in a grid-like fashion. Surgical sites were irrigated and reapproximated.

RESULTS: With over 200 patients treated using the minimally invasive microdebriderment technique, 80% of patients had complete resolution of pain 3 months post-operatively. Over 90% of patients had complete resolution at six months postoperatively. With the few patients that did not achieve full resolution of their pain, all improved over 50% and were happy with their results and stated that they would do the procedure again if necessary. Included in the study group were at least 20 patients that had previous unsuccessful traditional retrocalcaneal exostectomy. All of these patients had symptom resolution. Although relatively rare, three patients ruptured their Achilles tendons secondary to noncompliance during the postoperative period.

DISCUSSION: The procedure is one of tendon rejuvenation and repair due to microtrauma to the tendon. (6) It is important for patients to refrain from oral anti-inflammatory use during the postoperative period. Microdebridement for Achilles tendon disease can be a minimally invasive surgical procedure that is an excellent alternative in the treatment of chronic Achilles tendinosis. This procedure has a relatively short recovery time, and allows patients to return to normal daily activities fairly quickly in comparison to other invasive surgical Achilles tendon repair procedures. (1, 3)

Patient activity and lifestyle should be taken in consideration when determining the most appropriate treatment.