Tendoscopy for Achilles Tendinosis

Information for patients

This leaflet can be made available in other formats including large print, CD and Braille and in languages other than English, upon request.
What is achilles tendinosis?
Tendons transmit the power of the muscles onto the bones. This can put lot of stress on the tendons which can be many times higher than the actual body weight. Prolonged activity, repetitive movements or incorrect load bearing can all lead to irritation and inflammation of the tendon. Over time it becomes damaged and fails to heal itself. This is called tendinosis. This causes pain and reduced mobility. The Achilles tendon is the largest tendon in the human body found at the heel. It is surrounded by a covering called a tendon sheath, filled with lubricating fluid which improves gliding of the tendon. The sheath can become affected in the inflammatory process.

What is tendoscopy?
Tendoscopy is a procedure that allows an orthopaedic surgeon to see the inside of a tendon sheath. It can be used to treat tendon disorders of the foot and ankle. Tendoscopy is key hole surgery. A small camera and special instruments are placed through small incisions along the course of a tendon. Sterile fluid is used to expand the sheath and helps provide direct access to the tendon.

What is the aim of tendoscopy?
The aim of tendoscopy is to treat tendon disorders without using large incisions. Patients have less pain and smaller scars than with traditional open surgery. Patients also can get back to work and exercise quicker with this procedure rather than with open surgery.

When might tendoscopy be used?
Surgery such as tendoscopy should only be considered if non-surgical treatment for achilles tendinosis has failed.
General details of procedure

This surgery is typically a day case procedure under an anaesthetic. An alternative may be sedation and numbing medication for the leg. Two small skin incisions (key holes) are made directly over the course of the tendon. They are entry points into the tendon sheath. The camera is placed through one key hole and into the tendon sheath. Sterile fluid flows through the camera to expand the tendon sheath. The second key hole is used to pass instruments for the surgery. The skin incisions are closed with stitches once the surgery is complete. A sterile dressing is applied and the foot is placed in a splint or boot for 2 weeks.

What happens after tendoscopy?

Recovery varies depending on the specific procedure. Pain and swelling are common, and elevating the leg can help decrease swelling. You may be allowed to put weight on the foot right away, or you may be required to be non-weight bearing for several weeks. You will need physiotherapy with progressive strengthening, range-of-motion and balancing exercises.

Are there any risks or possible complications with having tendoscopy for achilles tendinosis?

What are the potential complications of tendoscopy?

There are complications that can occur with any surgery. These include the risks associated with anaesthesia, infection, and bleeding or blood clots which may extend your hospital stay.

Potential complications following a tendoscopy procedure can include scarring and infection, nerve or tendon injury, and ongoing pain.

- risks linked with anaesthesia. You will be given a leaflet. 'You and your anaesthetic', which explains in detail about anaesthesia. Your anaesthetist (a doctor with special training in anaesthetics) will discuss this with you)
• **infection.** If you feel feverish and your wound becomes hot, red and sticky, you should see your GP. This can be treated with antibiotics and you will not usually need to be re-admitted to hospital.

• **pain.**

• **bruising.**

**Frequently asked questions**

**When can I expect to return to work and sports?**

The type of procedure performed will determine the length of recovery. Some patients may begin placing weight on their foot right away and can return to work within several days. Other patients may require a longer recovery and period of rest. The length of recovery time should be discussed with your surgeon. Athletes can typically return to play after 4 - 6 weeks.
This leaflet has been produced in partnership with patients and carers. All patient leaflets are regularly reviewed, and any suggestions you have as to how it may be improved are extremely valuable. Please write to the Quality Assurance Team, University Hospital of North Tees or email: patientinformation@nth.nhs.uk

Comments, Concerns, Compliments or Complaints

We are continually trying to improve the services we provide.

We want to know what we’re doing well or if there’s anything which we can improve, that’s why the Patient Experience Team is here to help.

Our Patient Experience Team is here to try to resolve your concerns as quickly as possible. If you would like to contact or request a copy of our PET leaflet, please contact:

    telephone: 01642 624719
    Monday – Friday, 9.00am – 4.00pm
    Messages can be left on the answering machine and will be picked up throughout the day.

    freephone: 0800 092 0084

    Email: patientexperience@nth.nhs.uk

Out of hours if you wish to speak to a senior member of Trust staff, please contact the hospital switchboard who will bleep the appropriate person.

    telephone: 01642 617617
    24 hours a day, 7 days a week

The Patient Experience Team is available to discuss your concerns in person Monday – Friday, 1.30pm – 4.30pm. The office is based on the ground floor at the University Hospital of North Tees.

Data Protection and use of patient information

The Trust has developed a Data Protection, Caldicott and Disclosure Policy (IG5) in accordance with the Data Protection Legislation (General Data Protection Regulations and Data Protection Act 2018) and the Freedom of Information Act 2000. All of our staff respect this policy and confidentiality is adhered to at all times. If you require further information please contact the Information Governance Team.

    telephone: 01642 383551 or email: information.governance@nth.nhs.uk

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