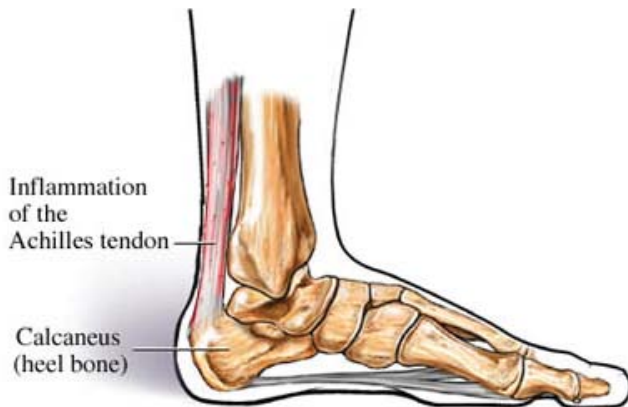


Achilles tendonitis



*These problems usually present as pain and often swelling in one of two areas of the tendon - either the region where the Achilles attaches to the heel bone (**insertional tendonitis**) or, in the middle of the tendon (**mid-substance tendonitis**). The first step is to establish where the problem lies in the course of the tendon, which part of the tendon anatomy is involved and then to look for a cause and obviously tailor treatment to these factors. The diagnosis may be assisted by imaging such as xrays, ultrasound examination or MRI.*

In both types of tendonitis the pain is usually worst first thing in the morning or after periods of rest. This is termed “start up” pain and typically improves after the individual “gets going” or has “warmed up”. With the insertional type of tendonitis, shoes can become uncomfortable where the painful area rubs on the heel counter of the shoe.

The vast majority of such problems settle with non-operative treatment involving activity modification, physiotherapy, and podiatry. It can take 12-18 months for the symptoms to settle. Occasionally surgery can be required and the type of surgery depends on the exact features of the tendon problem.

Insertional tendonitis

Insertional tendonitis causes pain in the back of the heel region of the foot and is frequently seen in runners (but certainly not exclusively). Sometimes features of the patient’s heel anatomy are to blame, but there can be several contributing causes. If non-operative treatment fails to bring about improvement then removal of the bony prominence on the calcaneum (heel bone) and debridement (tidy up) of the tendon can be a very successful operation.

Mid-substance tendonitis

Mid-substance tendonitis presents as a painful swelling of the tendon usually about 6-8cm from its attachment on the heel bone. It is frequently seen in runners but it can follow un-accustomed increased activity. It can also follow a minor injury and can also rarely occur after taking specific antibiotics (Fluoroquinolones). If symptoms fail to settle despite adequate physiotherapy and other non-operative treatment then surgery may be required. This generally involves removing a small area of the paratenon (lining/sheath of the tendon) and debriding (tidying up) the tendon itself. Sometimes the tension of the muscle pulling on the Achilles need to be adjusted surgically which can also be very helpful. Occasionally, a surgical tendon transfer (FHL) is required, the results of which are also usually very successful.

sussexfoot&anklecentre

The Sussex Foot & Ankle Centre was founded in 2005 by two orthopaedic surgeons, David Redfern and Stephen Bendall, with the aim of providing a high quality specialist service for the diagnosis and treatment of all foot and ankle problems. Both orthopaedic surgeons are specialists in problems affecting the foot and ankle and have many years of experience. They operate the service with outpatient clinics at the Brighton and Haywards Heath Nuffield Hospitals.

The sussex foot and ankle center strives to provide the best advice and treatment for all foot and ankle problems. This includes sports injuries and trauma, bunions, metatarsalgia, and arthritis. Both surgeons have particular interests in minimally invasive surgery and are at the forefront of developing such techniques in this country.

Both surgeons are also academically very active and have appointments within the national (BOFAS) and international (EFAS) professional foot and ankle surgery societies.

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