

# Researchers find minimally invasive procedure to treat chronic Achilles tendon disorder

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A minimally invasive procedure to treat a common foot and ankle disorder can reduce pain, recovery time, and postsurgery complications

while improving functional outcomes, according to a report published in the journal *Foot and Ankle Surgery*.

The procedure treats insertional Achilles tendinopathy, a common and chronic orthopedic disorder in which patients experience pain at the Achilles tendon. The chronic degenerative condition can be particularly painful for athletes who perform push-off activities, such as basketball and soccer players.

The key-hole procedure, known as percutaneous Zadek osteotomy (ZO), can significantly decrease pain and provide a patient with relief in as little as six weeks after this technique compared to 23 weeks for recovery after the traditional open [surgery](#).

"The traditional surgery requires larger incisions and inevitably carries a higher rate of infection, while this minimally [invasive procedure](#) has a low infection rate and less risk of tissue damage, helping to better preserve the tendon—and achieve a faster recovery and rehabilitation for the patient," said Ettore Vulcano, MD, Assistant Professor of Orthopedics at the Icahn School of Medicine at Mount Sinai, an [orthopedic surgeon](#) at Mount Sinai West, and co-author of the report, which was published online on November 20. "As a result of cutting-edge technology and the latest techniques at Mount Sinai, patients experience much less pain and improved function at a quicker rate. Even athletes can resume previous levels of sports activity at a much quicker rate compared to the traditional surgery."

Dr. Vulcano—one of a few doctors in the nation to revolutionize the minimally invasive approach—said the procedure includes making two very small incisions in the heel and removing a 5mm wedge of bone, which alters the orientation of the tendon fibers and is believed to decrease stress across the tendon.

The short recovery period includes protecting the foot in a splint or walker boot for two weeks, then resuming weight bearing while wearing a removable walker boot for an additional four weeks. Physical therapy can also begin two weeks after surgery. Patients are allowed to return to shoes six weeks after the outpatient procedure.

Provided by The Mount Sinai Hospital

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