Achilles tendinopathy
Patient information leaflet

What is achilles tendinopathy?

Achilles tendinopathy is caused by damage to the achilles tendon. The achilles tendon runs from the calf muscles to the heel bone. This condition is degenerative, meaning that, without treatment, it becomes worse over time.

Damage to the tendon causes severe pain just above the level of the heel and there may also be a tender lump which can be felt within the tendon. The pain is generally aching in nature. It can become worse on stretching the tendon when you walk or run and it can also become sharp and stabbing. Sometimes there may be a history of an injury or the symptoms may start mildly with a gradual development to disabling pain.

Patients typically report reduced levels of physical activity, difficulty walking distances, difficulty climbing stairs and difficulty participating in sport. Achilles tendinopathy can occur at the point where the achilles tendon joins into the heel bone or in the middle of the tendon.

How can we treat this?

One way of treating chronic refractory achilles tendinopathy is by using extracorporeal shock wave therapy.

‘Chronic’ means longstanding, usually longer than a year.
‘Refractory’ means the condition does not respond to conventional treatments.
‘Extracorporeal’ means outside the body.
‘Shock waves’ are high frequency sound waves.

Extracorporeal shockwave therapy is not intended for the treatment of damage to the tendon where it meets the bone in your heel, your consultant will discuss this with you.

It is a treatment used in patients with a variety of conditions. This means treating you with direct shock waves through the skin to the affected area. The shock waves stimulate the affected area prompting it to heal.

The shock waves are created by a machine which is connected to a probe and then applied to the sole of your foot. The doctor activates the machine and a series of high frequency shock waves are delivered to the foot through the probe.
What does the procedure involve?

The treatment takes place in the outpatient clinic, there is no need to stay in hospital and no anaesthetic is needed.

The treatment is administered over three clinic appointments, on three consecutive weeks.

The doctor will ask for your consent for the treatment. You will be asked to remove your socks and shoes and to lie on a couch.

The doctor will apply some contact gel to the achilles tendon at the point where it is most painful. If the pain is over a wider area the treatment will be applied throughout the affected area. The doctor will then apply the probe to your achilles tendon.

The doctor activates the machine and a series of high frequency pulses are transmitted to the tendon over a five minute period.

The pulses are initially delivered at low pressure which produces a pain relieving effect. After roughly one minute the pressure is turned up.

Some patients find the application of the probe uncomfortable, but nearly all patients find this discomfort manageable. Tell the doctor if the treatment is too uncomfortable as the treatment pressure and pulse frequency can be changed to control your discomfort.

After approximately five minutes the machine cuts out and the pulses stop. The doctor will remove any contact gel from your skin and you can put your socks and footwear back on.

The doctor will make some notes about how uncomfortable you found the procedure. The nurse will then accompany you to make your next appointment.

What are the benefits?

Immediately following the treatment some patients find that their pain has been relieved. This immediate analgesic (pain relieving) effect can wear off and some of the normal discomfort will return.

However over the course of the three treatments, and for anything up to three months after the treatment many patients enjoy a gradual reduction in their symptoms. Some patients report complete cure and are able to return to normal sporting and walking activity.

A proportion of patients experience no improvement in symptoms.
What are the risks/complications?

- Skin will redden after treatment but this will be temporary, lasting a day or two.
- The skin can break or be scuffed where the probe is applied.
- It is less likely, but possible that you will experience some bruising, but this will be temporary.
- It is possible but highly unlikely that you will experience skin damage.
- There is a very low incidence of achilles tendon rupture following the treatment.

Are there any alternative procedures?

The usual treatment includes rest, applying ice, anti-inflammatory medication, support orthotics and physiotherapy. The physiotherapy programme must include a programme of eccentric stretching.

If these means remain unsuccessful in relieving symptoms then a referral to a foot and ankle specialist surgeon is needed. At this point extracorporeal shockwave therapy is offered.

The only other alternatives are high volume saline injection therapy or open surgical treatment. Your consultant will discuss your options with you.

Advice following the procedure

It is not recommended that you take painkillers immediately following your treatment as this can reduce any beneficial effects. However, if you are already taking painkillers for another illness then you should continue to do so.

**It is important to stress that you must continue your eccentric physiotherapy programme, before treatment, during the course of treatment and after the treatment.**

You should be wary of suddenly increasing your activity as this can lead to an increased risk of tendon rupture.

Speak to your surgeon or physiotherapist about increasing your levels of physical or sporting activity.

Working and driving

Following the treatment it is unlikely that you will have a greatly increased level of pain so walking should not be a significant problem. You should be able to return to work the next day.

If you do feel significant pain it might be unwise to drive. You can drive when you feel competent to control the vehicle and when you feel safe to do an emergency stop.
It may, therefore, be advisable to make alternative means of transport available if you don’t feel able to drive safely.

Contacts

During the hours of 8pm - 8am contact Level 1, North East NHS Surgery Centre, Queen Elizabeth Hospital 0191 445 3004

During the hours of 8am - 4.30pm contact the Physiotherapy Department (answer machine out of hours) 0191 445 2320

Main switchboard 0191 482 0000

Data Protection

Any personal information is kept confidential. There may be occasions where your information needs to be shared with other care professionals to ensure you receive the best care possible.

In order to assist us to improve the services available your information may be used for clinical audit, research, teaching and anonymised for National NHS Reviews. Further information is available in the leaflet Disclosure of Confidential Information IL137, via Gateshead Health NHS Foundation Trust website or the PALS Service.

This leaflet can be made available in other languages and formats upon request