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# Better healing for your Achilles’ heel

# *New surgical technique promotes healing for torn Achilles*

Houston – (September 4, 2014) – In most surgeries, damaged tissue is cleaned out before surgeons make the necessary repairs. However, a new minimally-invasive surgery to repair a torn Achilles tendon actually uses the damaged tissue to help repair the tear.

The percutaneous Achilles repair system, or PARS technique, enables surgeons to better repair a torn Achilles tendon through a smaller incision. This procedure was recently performed at Houston Methodist Hospital to treat an NFL cornerback, getting him back on field for this season.

“The Achilles does not tear cleanly, rather it shreds like a mop, so without proper treatment, it just becomes a ball of fibers,” said Kevin Varner, M.D., Houston Methodist orthopedic surgeon and foot and ankle specialist. “Traditionally, we would cut out all of the damaged tissue to create two clean ends and sew those ends of the tendon together. The Achilles has a tremendous capacity to heal, so I believe preserving the damaged tissue with the PARS technique is better for the biology of the healing tendon.”

The Achilles tendon, the largest tendon in the body, connects the two calf muscles to the heel bone. When you walk, the tendon pulls the ankle down, so a properly functioning Achilles tendon is essential to walking. When the Achilles tendon tears, or ruptures, most feel a pop in the ankle, like someone hit their foot from behind. Achilles tears are not painful, but will cause weakness in the ankle that can prevent someone from walking on their own.

During the 2013 NFL season, NFL cornerback Teddy Williams was injured on a special teams play in the fourth quarter of an Arizona Cardinals game against the Jacksonville Jaguars.

“I was covering the punt to tackle the returner and planted to go across the field,” Williams said.

“The field gave out, and I felt a pop in my leg and then just collapsed. I couldn’t walk and needed assistance off the field.”

Varner used the PARS technique on Williams. The surgery requires a two centimeter, horizontal incision about four to six centimeters above the heel to insert the PARS device up towards the knee. The PARS device has four prongs – two that go inside the leg to hold the tendon in place and two that go outside the leg. All four prongs have eight small holes that enable the surgeon to pass needles and suture thread all the way through the tendon. Then, the device is inserted down towards the ankle and the process is repeated. The surgeon will then pull the threads tautly and secure the two ends of the tendon together.

“With making a smaller incision and saving the tissues of the Achilles, the PARS technique can help the tendon heal better,” Varner said. “The tendon will also heal with a thinner contour, which can be important to some patients worried about the cosmetic appearance of their ankle after surgery.”

 While the PARS technique does have its advantages, Varner cautions that it is not the best option for everyone. For a successful treatment, the Achilles tendon tear must not be more than 10 to 12 days old. In just a few days, the tendon will have begun to heal itself creating scar tissue that must be cleaned out for the tendon to fully function.

With a repaired and rehabbed Achilles tendon, Williams is looking forward to football season.

“Whether I’m running or cutting, my ankle feels great,” said Williams. “I’m very excited about this season, and I’m feeling confident about getting back on the field.”

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