Tenex Health TX® Clinical Study Highlights

ACHILLES

TX System Technology Provides a Safe and Effective Alternative to Open Surgery

A Study of Achilles Fasciotomy and Surgical Tenotomy with the Tenex Health TX® System Published in JAPMA (Freed et al., 2019)

85%

PATIENT SUCCESS - ALL PREVIOUSLY FAILED
4-8 CONSERVATIVE THERAPIES
25 PATIENTS

Study Methods

- Case series; retrospective review of 26 procedures in 25 patients who underwent Achilles fasciotomy and surgical tenotomy with the Tenex Health TX® System for chronic insertional tendinopathy.
- Outcomes were assessed by using the Foot Function Index (FFI) to quantify pain, disability, activity limitation and overall scores.
- Mean follow-up time was 16 months.

Results and Conclusions

- 85% overall success rate.
- 88% of patients recommend the procedure.
- Mean pain score decreased to 8.5%; mean disability score to 7.9%.
- Complications = 0.
- Ultrasound-guided, percutaneous microresection is a safe and minimally invasive alternative to an open procedure.

Key Takeaways

- High success rate for Insertional Achilles Tendinosis.
- Conservative measures may fail in up to 25% of patients.
- Study by DPMs.
- No complications.

Fasciotomy and Surgical Tenotomy for Chronic Achilles Insertional Tendinopathy: A Retrospective Study Using Ultrasound-Guided Percutaneous Microresection.

Freed L, Ellis MB, Johnson K, Haddon TB. Journal of the American Podiatric Medical Association. 2019;109(1):1-8.

Background: Achilles insertional tendon pathology is a common condition affecting a broad range of patients. When conservative treatments are unsuccessful, the traditional open surgical resection, debridement, and reattachment of the Achilles tendon is a variably reliable procedure with significant risk of morbidity. Fasciotomy and surgical tenotomy using ultrasound-guided percutaneous microresection is used on various tendons in the body. Its efficacy for treating the Achilles tendon is specifically examined in this study.

Methods: A retrospective review evaluated 26 procedures in 25 patients with chronic insertional tendinopathy who underwent percutaneous tenotomy using the Tenex Health TX System. Patients aged 18 to 85 years had documented chronic Achilles tendinopathy per persistent Achilles tendon pain for at least 3 months, with failed conservative therapy. The patients had each failed an average of 5.8 (range 4 to 8) conservative treatments. Average time from onset of symptoms to time of procedure was 19 months. Mean energy time for cutting the targeted tissue was 4 minutes and 32 seconds. The Foot Function Index (FFI) was used to quantify pain, disability, activity limitation and overall scores.

Results: Mean FFI scores were: pain, 8.5%; disability, 7.9%; activity limitation, 2.5%; and overall, 7.0%. Twenty index procedures were successful, and two patients repeated the procedure successfully for an overall 84.6% success rate. Mean surveillance time was 16 months. 88% of patients reported they were strongly likely to have the procedure again if needed or recommend it to friends or family. There were no procedure or patient related complications.

Conclusions: Ultrasound-guided percutaneous microresection with the Tenex Health TX System is a safe and minimally invasive percutaneous alternative that can be used before proceeding to an open procedure.

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