

Achilles Tendon Repair

Surgical Technique With FiberLoop® Suture

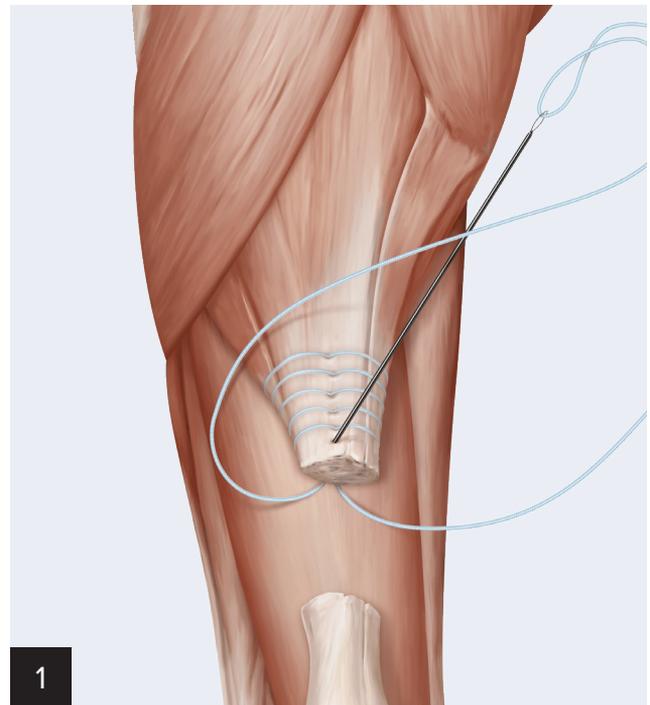


Arthrex®
Vet Systems

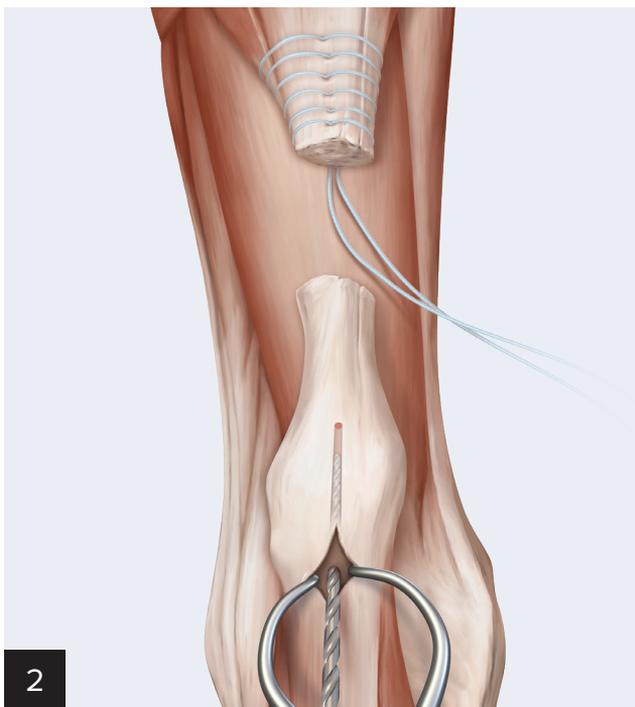
Achilles Tendon Repair With FiberLoop® Suture

Developed in conjunction with Kurt S. Schulz, DVM, DACVS, and Krisitan Ash, DVM, of Ethos Veterinary Health.

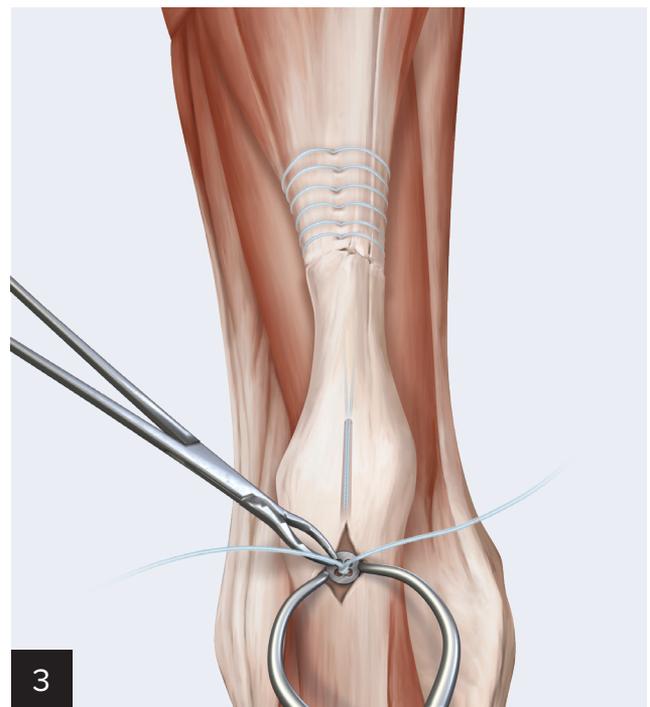
Position the patient in sternal recumbency under general anesthetic. Extend the affected limb off the end of the table with aseptic preparation and draping. Perform a caudal approach to the Achilles tendon and calcaneus. Identify the level of the injury and dissect both the proximal. Intact Achilles fibers may be left intact. Identify the caudal neurovascular plexus to be sure it is not included in the repair.



Place a stay suture on the distal end of the proximal segment. Pass the stay suture and tendon through the FiberLoop suture to a point that will allow 6 suture passes. Pass the needle through the center of the tendon from superficial to deep, passing the tendon through the FiberLoop again. Repeat the process until there are approximately 6 suture passes.



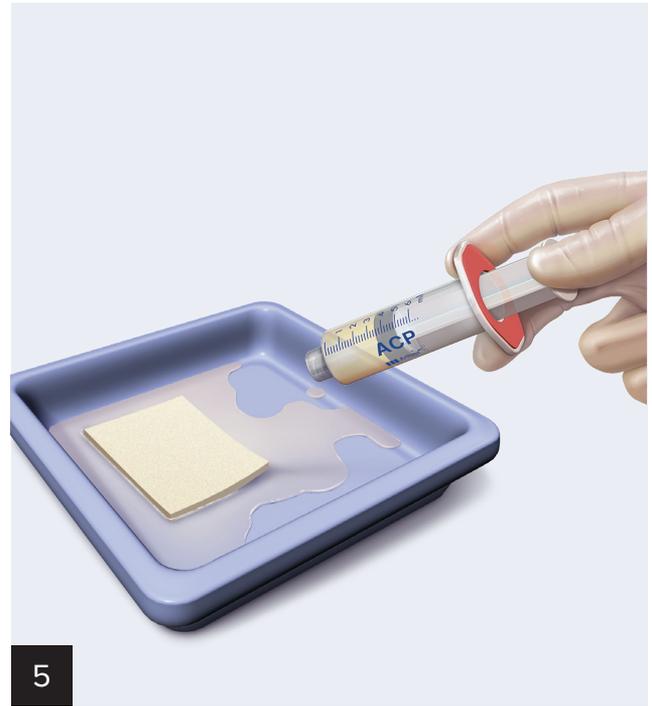
Drill a 2 mm-diameter hole beginning on the plantar aspect of the calcaneus, approximately two thirds the distance from the caudal aspect, exiting in the region of the insertion of the Achilles tendon.



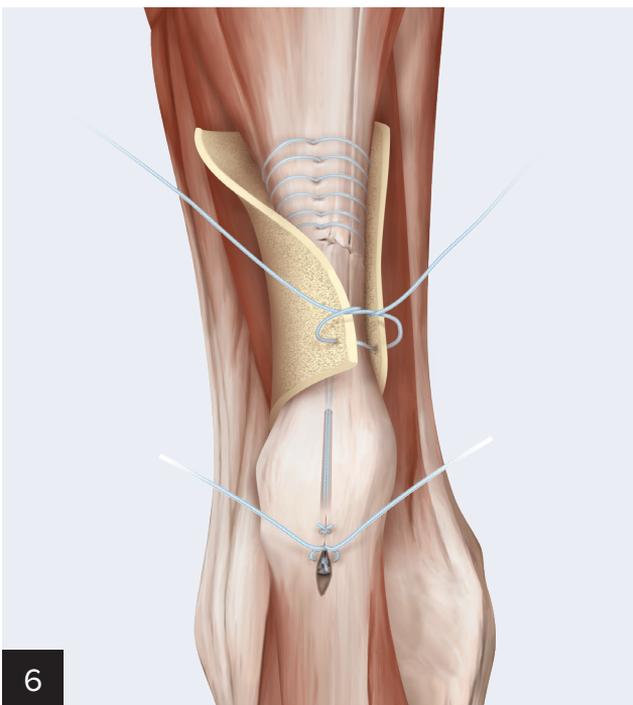
Pass the FiberLoop suture proximal to distal through the hole. With the hock joint in full extension, tie the suture over an appropriate size button.



If possible, place several simple interrupted sutures between the opposed tendon ends.



Soak a collagen sponge in autologous conditioned plasma (ACP). Pass the collagen sponge around the apposition site. Gently secure the sponge in place with sutures.



Close the wound with a subcutaneous simple interrupted pattern and skin sutures. Avoid skin staples to prevent irritation from external coaptation.

Place the limb in a bivalve cast or custom orthotic brace with the joint in full extension. The coaptation bandage or JumpStart® dressing should be changed weekly. After 4 weeks, decrease the coaptation to include only the caudal portion of the cast for 4 more weeks. Decrease coaptation to a soft bandage or tarsal wrap 8 weeks postoperatively. If using a custom dynamic orthotic, permit some range of motion beginning at 6 to 8 weeks. In cases where tendon apposition is not possible, increase the duration of rigid and dynamic external coaptation.



JumpStart Single-Layer Dressing, ABS-4005

Ordering Information

Product Description	Item Number
#2 FiberLoop® Suture, braided, polyblend blue suture looped w/ 20 in working length straight needle	AR-7234
#2-0 FiberWire® Suture, 18 in blue w/ 17.9 mm 3/8 circle tapered needle	AR-7220
Drill Bit, 2.0 mm	AR-4160-20
Suture Button, 4-hole, 7.5 mm	VAR-8922
Suture Button, 2-hole, 3.5 mm	VAR-8920
Arthrex ACP® Double-Syringe System	VAR-12005
JumpStart® Antimicrobial Wound Dressing, 1.5 in × 8 in	ABS-4005
JumpStart Antimicrobial Wound Dressing, 1.5 in × 10 in	ABS-4006

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Scientific Literature

Schulz KS, Ash KJ, Cook JL. Clinical outcomes after common calcanean tendon rupture repair in dogs with a loop-suture tenorrhaphy technique and autogenous leukoreduced platelet-rich plasma [published online April 4, 2019]. *Vet Surg*. doi:10.1111/vsu.13208.



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