Percutaneous Needle Tenotomy for Tendo-achillis Release in Clubfoot – A Response

Sir,
At first I would congratulate the authors for the article on Percutaneous Needle tenotomy for Tendo Achilles Release in Clubfoot published in Journal of Orthopaedic Case Reports [1]. I was following this kid of 13 days old with bilateral CTEV with ponseti method when I went through the article and also followed through the Technique Video on the website. I followed the steps and it was my first case with needle to perform a tenotomy of achillies. It was a good experience less invasive and could successfully perform the procedure. I had few queries for the authors

1. In article it is 16 gauze needle whereas 18 in video. I believe we need a stronger needle.
2. What exact age group for such procedure or we follow the Pirani score [2] for all the patients.
3. What is the follow up protocol?
Lastly I would congratulate the authors again for the article and thank you for this lovely experience.
Warm regards

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References:

Percutaneous Needle Tenotomy for Tendo-achillis Release in Clubfoot- Authors’ Reply

Sir,
We appreciate the interest of Patnaik S [1] in our paper published in Journal of Orthopaedic Case Reports [2] and thank him for sharing his experience with the technique. We shall answers the queries raised sequentially. We are routinely using 16 or 18 gauge needle depending on the size of the child and in very young child infant a 18 gauge needle is enough. The trick is to tense the tendon by dorsiflexion and then cutting with the tip of the needle (you can feel the grating. This does not require a strong force if layer by layer cutting using the tip of the needle is done. Do not try to cut the entire tendon in one go. As one does more cases, an idea of force needed and needle that is best suited is developed. We have done this procedure as a part of ponseti technique, thus the indications of age are extension of ponseti and the procedure can be done safely till 6-8 months of age. We are routinely using Pirani scoring [3] for assessment of our cases. The follow up protocol is same as ponseti protocol and as mentioned in the article corrective cast is given for 3 weeks.

We again appreciate the interest in our technique and sincerely hope it benefits more surgeons and patients.

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References: