DR MARK MARITZ
ORTHOPAEDIC SURGEON

Insertional Achilles Tendinopathy

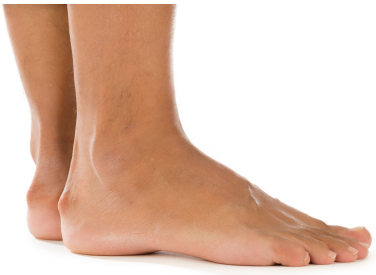
A Patient Information Guide — Haglund's Syndrome & Minimally Invasive Treatment

What is Insertional Achilles Tendinopathy?

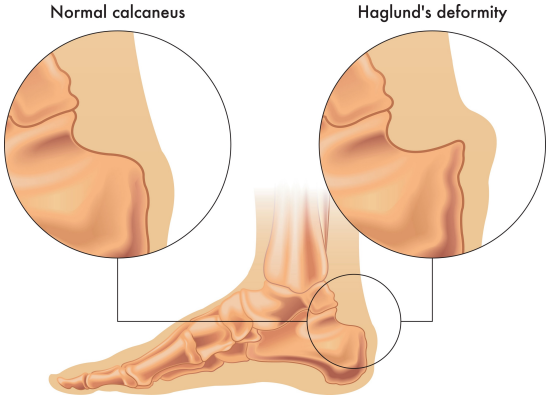
Insertional Achilles tendinopathy is a painful condition affecting the point where the Achilles tendon attaches to the heel bone (calcaneus). It encompasses two closely related problems that commonly occur together:

- Insertional tendinopathy — degeneration and inflammation of the Achilles tendon fibres at their attachment to the heel bone, often accompanied by the formation of bone spurs within the tendon itself
- Haglund's deformity — an enlargement of the bony prominence at the back of the heel, which causes painful friction against the tendon and the back of the shoe

Together, these two conditions are referred to as Haglund's syndrome. The result is a painful, often visibly prominent bump at the back of the heel, tenderness around the Achilles insertion, and difficulty wearing closed shoes. If left untreated, the condition tends to become chronic and increasingly debilitating.



Haglund's deformity — the prominent heel bump



Normal calcaneus vs. Haglund's bony prominence

What Causes Haglund's Syndrome?

The precise trigger is not fully understood, but several contributing factors are well recognised:

- A tight calf muscle complex (gastrocnemius-soleus), which increases the load and tension placed on the Achilles tendon insertion

- Footwear that presses firmly against the back of the heel, particularly rigid-backed shoes, high heels, or tight athletic shoes
- The shape of the calcaneus itself — some people are born with a heel bone that has a more prominent upper-posterior corner, making them inherently more susceptible
- Repetitive high-impact activity that places sustained stress on the Achilles insertion

Once the area becomes inflamed, a self-reinforcing cycle of pain, swelling, and further tendon irritation tends to develop. This is why early intervention is important — the longer the condition is left, the more entrenched and difficult to treat it becomes.

Non-Surgical Management

A genuine trial of conservative treatment should always be the first step. Most patients benefit from a combination of the following, sustained over several months:

- Daily calf stretching exercises — these are essential and should be performed consistently, as a tight calf is a primary driver of the condition
- Heel lift inserts worn inside the shoe — these reduce the strain on the Achilles insertion by slightly elevating the heel
- Footwear modification — open-backed shoes (such as sandals or clogs) are preferable as they eliminate direct pressure against the Haglund's bump entirely
- Activity modification during flare-ups, with a gradual return to exercise as symptoms allow
- Physiotherapy focusing on eccentric calf loading and tendon rehabilitation
- Anti-inflammatory medication for short-term pain relief during acute flares

⛔ Important: Cortisone Injections

Cortisone injections should NOT be administered directly into or around the Achilles tendon insertion. This carries a significant risk of tendon rupture, which is a serious and potentially catastrophic complication. If you are offered this treatment, please discuss it with Dr Maritz first.

If conservative measures have been tried diligently over 3–6 months without adequate relief, surgery becomes a reasonable and often highly effective next step.

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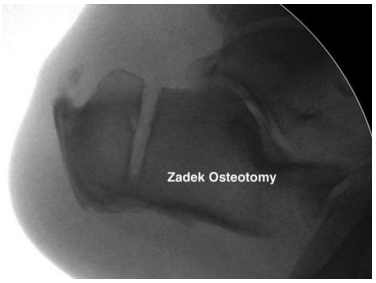
What Does the Surgery Involve?

The heel is a technically demanding area to operate on and responds poorly to traditional open surgery due to the vulnerability of the skin and soft tissue at the back of the heel. For this reason, Dr Maritz performs this procedure exclusively using **minimally invasive (keyhole) techniques**, which significantly reduce the impact on the surrounding tissue and lower the risk of wound complications.

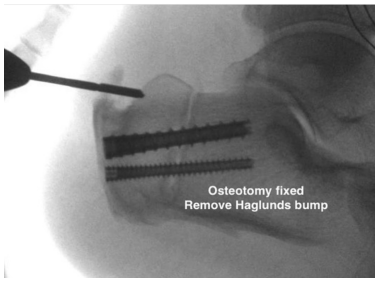
The surgery addresses both aspects of Haglund's syndrome in a single operation, performed through small keyhole incisions:

- Removal of the inflamed retrocalcaneal bursa
- Removal of insertional bone spurs — any bone spurs that have formed within or directly at the Achilles tendon insertion are also removed
- The Zadek osteotomy — the heel bone is precisely cut and rotated to alter the angle of the calcaneus. This moves the bony prominence away from the tendon and redistributes the mechanical load at the Achilles insertion, addressing the underlying cause rather than just the symptoms. Two small screws are inserted deep within the bone to hold it securely in its new position

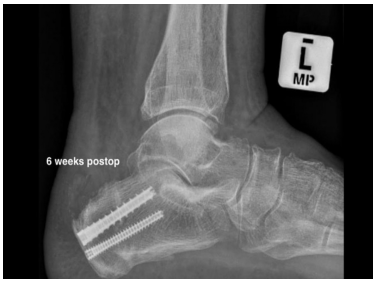
The following intraoperative X-rays illustrate the key steps of the procedure:



Zadek osteotomy planned



Osteotomy fixed
Haglund's bump removed



6 weeks post-op X-ray

Why Minimally Invasive Surgery

Smaller incisions amount to much less pain
Earlier recovery and weight bearing
Less complications
More Predictable outcomes

Dr Maritz has extensive experience in the minimally invasive Zadek Osteotomy and has presented and taught on the global front with this technique

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Understanding the Risks

Dr Maritz takes every precaution to minimise the risk of complications, and strict adherence to postoperative instructions is critical. However, as with any surgical procedure, complications can occasionally occur:

- Prolonged swelling — this is the most common side effect and should be expected. It is managed with elevation, and typically resolves progressively over several months.
- Wound complications — these are rare with the new minimally invasive technique <1%.
- Infection — also uncommon <1%.
- Nerve sensitivity — small sensory nerve branches around the heel may be affected, causing areas of numbness or altered sensation. This is usually temporary.
- Deep vein thrombosis (DVT) — blood clots are prevented by regular ankle and toe movement as instructed, and blood-thinning medication if prescribed.

Your Recovery

Recovery from Haglund's syndrome surgery is more involved than for some other foot procedures, and patience is important. The heel requires careful protection to allow the osteotomy to heal securely. Most patients find the recovery very manageable once they understand what to expect at each stage.

Recovery at a Glance

Immediately after surgery — Week 2

- A Moonboot will be applied directly after surgery
- Use a waterproof shower cast cover when bathing or showering
- Keep the leg elevated as much as possible to control swelling
- Some bleeding through the bandage is normal
- Use a knee scooter or crutches to keep weight off the foot

Week 2 appointment

- Wounds are cleaned and assessed. Sutures are dissolvable and do not removing
- The moonboot is refitted, which is worn for the next 4–5 weeks
- Partial weight-bearing in the moonboot begins at 2/3 weeks —use crutches to offload the foot as needed

Week 6 appointment

- Healing is assessed clinically and radiologically
- Weaning out of the moonboot begins, with a graduated increase in activity
- Formal physiotherapy begins to restore strength, range of motion, and normal gait

- Some swelling and discomfort at this stage is completely normal — it settles as the foot begins to move more

Longer-term milestones

- Normal shoes: from approximately 2 months, as swelling allows
- Running and impact sport: from 4–6 months, guided by physiotherapy clearance
- Full resolution of swelling: expect 3 - 4 months in some patients

Supporting Your Recovery

The following measures will give you the best possible chance of a smooth and successful recovery:

- Do not smoke. Smoking significantly impairs both bone healing and wound healing — it is particularly important to avoid it during the osteotomy healing phase.
- Take Vitamin D and calcium supplements as directed — these directly support osteotomy healing.
- Maintain a nutritious, well-balanced diet throughout the recovery period.
- Take your prescribed pain medication regularly, especially during the first week after surgery.
- Move your toes regularly inside the cast and moonboot, and perform the knee and hip exercises recommended by your physiotherapist to keep circulation healthy.
- Attend all follow-up appointments — each visit is an important checkpoint in your recovery.

Helpful recovery equipment is available from:

www.kneescooter.co.za

This includes knee scooters, waterproof cast covers, and elevation pillows — all of which make the early recovery period considerably more comfortable.

⚠ Important: When to Contact Us

If you have any concerns following your surgery — about pain levels, excessive bleeding, the wound, swelling, or anything else — please contact Dr Maritz's rooms directly. Early communication ensures any concern is addressed promptly and keeps your recovery on track.