

Wapner Technique Modification

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Introduction

There are different techniques used to repair the chronic Achilles tendon ruptures, one of them is the Wapner technique.

Objective

Demonstrate our results with the modification of the Wapner technique.

Material and Method

Between 2010-2016, six patients have been operated on for a chronic Achilles tendon rupture by modified FHL transposition. Mean

age: 41.8 years (21-55), 4 males and 2 females, 1-year minimum follow-up. In four, the transposition was performed as rescue of a failed suture and in two patients as the first intervention after a long evolution of the rupture. Surgical technique: We performed the medial incision on the foot to release the adhesions of the FHL with the flexor digitorum longus, but in our technique, we performed the distal tenotomy at the base of the proximal phalanx of the first finger through another incision (Figure 1). Next, we perform a single horizontal transosseous tunnel in the calcaneus, through which we pass the FHL, suture it on itself and on both ends of the Achilles tendon (Figure 2).



Figure 1.

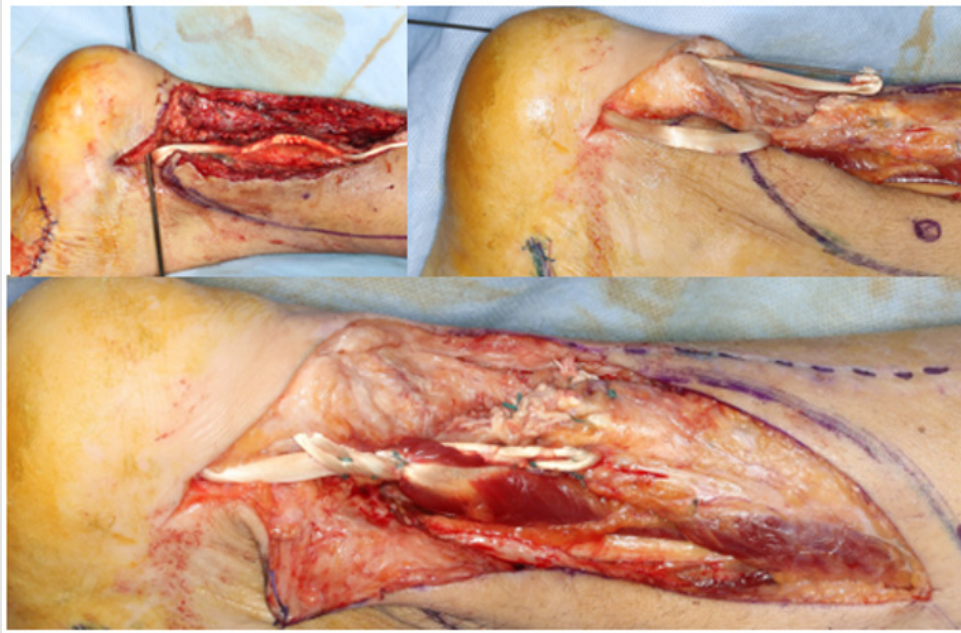


Figure 2.

Result

We classified the results according to the criteria of Mann et al. 3 patients achieved excellent results (without postoperative pain, ac-

tivity limitation neither soft tissue complications, excellent strength and standing toes) and 3, good results (mild pain, decreased strength and mobility and small limitation in their activities). (Figures 3 and 4)



Figure 3.



Figure 4.

Conclusion

Longer FHL allows to cover greater defects and to realize a suture with less tension. The technique is simplified by performing a single

transosseous tunnel. We propose our modification as a technique to take into account.

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