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Needle Fenestration

What Is Percutaneous Needle Fenestration?

It is a minimally invasive intervention performed under ultrasound guidance to treat chronic tendon problems known as tendinosis or tendinopathy. A small needle is introduced through the skin and small incisions are performed in the damaged tendon. This creates an enhanced healing response resulting in tendon repair.

What is Tendinosis/Tendinopathy?

It is a chronic degenerative condition caused by excessive strain, overuse and micro trauma which results in an abnormal tendon.

When Is the Procedure Indicated?

Most of the time tendon related problems can be treated conservatively. Usually physical therapy, orthotics, proper training methods, adequate rest and analgesics can improve or resolve the symptoms. When conservative therapy fails a percutaneous needle fenestration can be considered.

What Are the Most Commonly Treated Conditions?

Tennis elbow, golfer's elbow, plantar fasciitis and insertional achilles tendinopathy.

How Is the Procedure Performed?

Percutaneous needle fenestration is an office based intervention performed under local anesthesia. The skin is cleansed and under ultrasound guidance the affected tendon site is identified and marked. Local anesthetic is infiltrated in the skin and over the affected tendon. A small needle is then advanced through the tendon into the bony origin. Multiple perforations are performed under ultrasound guidance. The needle is removed and a bandage is applied. The procedure usually takes 20 minutes.

Post Procedure Instructions

Active range of motion is encouraged during the first 48 hours. Tylenol and ice are used as necessary. The use of NSAIDs (Advil and ASA) is avoided for 2 weeks post procedure. Avoidance of forceful resistance exercises is recommended. Physiotherapy is recommended from week 1-12 post procedure including a gradual tendon eccentric loading program. Avoid repetitive movement for 2 weeks. If upper limb fenestration avoid lifting >5lbs with affected arm.