



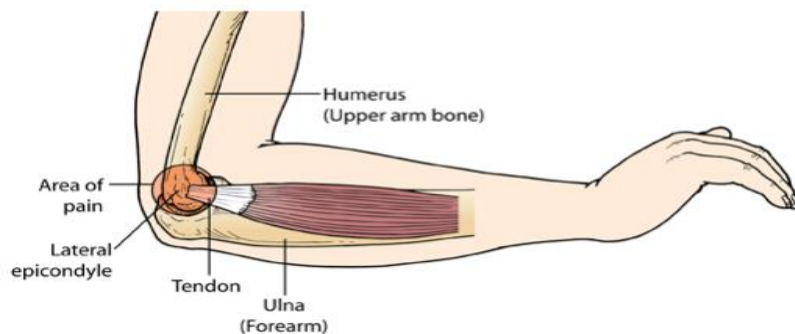
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CONSULTANT ORTHOPAEDIC SURGEON



Patient information – Tennis elbow (lateral epicondylitis)

Introduction:

Tennis elbow is a chronic degeneration of the tendons on the outside of the elbow. It's a painful condition caused by repetitive use or strain of these tendons. Symptoms include pain and weakness gripping with an extended wrist. This is a common movement in many sports and activities including tennis, shaking hands, pouring water and typing on a keyboard.



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Investigation:

Diagnosis is usually confirmed by clinical examination. However an x-ray may be requested to exclude other causes of elbow pain. Sometimes an ultrasound scan is performed if an acute tendon tear or calcium deposits within the tendon are suspected.

Non-surgical treatment:

Up to 95% of tennis elbow resolves without surgery. Recommended treatment often includes activity-modification, physiotherapy, injections or shock wave therapy.

Activity-modification and physiotherapy: This is usually the first line of treatment. Avoiding repetitive and painful movements or modifying activities to use other muscle groups will provide symptom relief. Physiotherapy exercises aim to combine stretching exercises with exercises to strengthen the extensor muscles. This is usually effective in the long-term.

Injections: Platelet rich plasma (PRP) can be injected into the affected site. PRP is extracted from your own blood and processed to obtain a concentrated solution of platelets containing growth factors to help the tendons heal. This aims to provide a long-term

solution. Alternatively short-term pain relief might be provided by injecting steroid locally into the affected area. Up to 3 injections can be given.



Image from www.dundeesportsmed.co.uk

Shock wave therapy: A machine delivers sound waves into the affected area. Reported rates of success are extremely variable and therapy can sometimes be considered an experimental or research treatment. However whilst we cannot guarantee that it will work, we do know it is very safe.

Surgery:

Surgery is usually performed as a day-case and can be open or key-hole. The operation is usually very successful with 90% of patients improving significantly.

Rare complications of surgery include infection, nerve or blood vessel damage, weakness, stiffness, growth of islands of bone, prolonged rehabilitation and further surgery.

What to expect after surgery:

Pain: During surgery local anaesthetic is injected around the wound and the elbow is numb for a few hours. After this you will be given painkillers to take whilst in hospital and at home. Ice packs may also help reduce pain. Ice or frozen peas can be wrapped in a damp tea towel and applied to the elbow for up to 15 minutes.

Wearing a sling: At the end of the operation you will be placed into a bulky bandage dressing and a sling. These are for comfort and can be removed after 48 hours.

The wound: Keyhole surgery is usually performed through small 5-10mm wounds. With open surgery the wound will be a few centimetres in length. You may have dissolvable stitches or sticky strips over the wounds. You must keep the wounds dry and covered with a small dressing until they have healed. This usually takes 7-10 days.

Returning to work: This will depend on your job and your surgeon will advise you. You may be able to return to a desk job within a few days. However manual labourers may need 8-12 weeks off work.

Driving: You will not be able to drive for about a week.

Leisure activities: You will not be allowed to lift anything heavy or do anything very active for approximately 6-12 weeks. Contact or high risk sports may need to be avoided for 6 months.

Follow-up appointment: You will be seen in outpatients by the surgeon three weeks after surgery. Further follow-up appointments are tailored to the individual but often occur around 3-6 months after surgery.

Physiotherapy: Before you go home the physiotherapist will teach you some exercises for you to practise several times every day. You should continue these exercises until you see the physiotherapist in outpatients. Recovery time is often slow due to poor blood supply in the area and slow healing of the tendons. Whilst some improvement can be seen after 4 weeks it often takes between 4 and 6 months to regain good function and strength with a pain-free elbow.

If your wound leaks pus or if you feel unwell and develop a fever then you should contact your GP or in an emergency you should attend A&E. Please also inform your surgeon

Appointments:

Berkshire Independent Hospital,
Swallows Croft, Wensley Road,
Reading
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Dunedin Hospital
16 Bath Road,
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Wellington Shoulder & Elbow Unit,
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