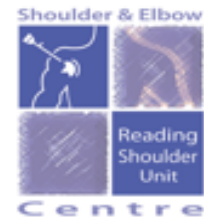




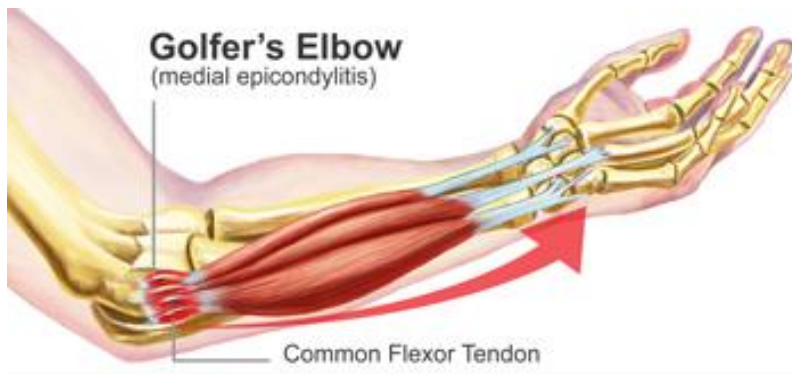
MR GIUSEPPE SFORZA  
CONSULTANT ORTHOPAEDIC SURGEON



## Golfer's elbow (medial epicondylitis)

### Introduction:

Golfer's elbow is due to chronic degeneration of tendon insertions on the inside of the elbow. It's a painful condition caused by repetitive use and sprains of the tendons. Symptoms include pain and weakness when performing movements such as bending the wrist, making a fist or squeezing something in the hand. These are common movements in many sports and activities including golf, throwing and manual labour.



*Image from [www.kingbrand.com](http://www.kingbrand.com)*

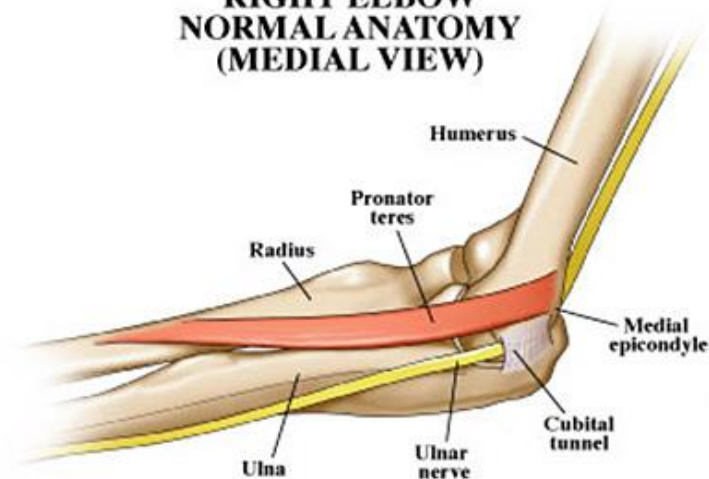
### Associated Conditions:

Golfer's elbow can be associated with compression of the ulnar nerve and in these cases abnormal sensation, tingling or burning might affect the ring and little fingers. Therefore an ulnar nerve decompression may be required in addition to the standard surgical treatment. Rarely golfer's elbow can be associated with elbow instability where the elbow feels unstable and may clunk on movement. Instability is seen in throwing athletes and is caused by insufficiency of the ulnar collateral ligament on the inside of the elbow. This might also require surgical repair.

### Investigations:

Diagnosis is usually confirmed by clinical examination. However an x-ray may be requested to exclude other causes of elbow pain. Often an ultrasound scan is performed if an acute tendon tear or calcium deposits within the tendon are suspected. Nerve conduction studies might be required if ulnar nerve compression is suspected. MRI can help diagnose elbow instability.

## RIGHT ELBOW NORMAL ANATOMY (MEDIAL VIEW)



### **Non-surgical treatment:**

Approximately 90% of golfer's 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 flexor muscles. This is usually effective in the long-term.

**Injections:** Steroid can be injected locally into the affected area. This may provide short-term pain relief. Up to 3 injections can be given. But recent studies show a good short term relief but no change of the disease or sometime even longer recovery time after steroid injections.

**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 it is not possible to guarantee that it will work, it is pretty sure that it is very safe.

**PRP Injection** is a new treatment used for some common orthopaedic conditions like: lateral epicondylitis (tennis elbow) or medial epicondylitis (golfer's elbow) in your elbow.

Platelet rich plasma (PRP) is blood plasma with concentrated platelets (the body's repairmen for damaged tissue). The concentrated platelets found in PRP contain growth factors that are vital to initiate and accelerate tissue repair and regeneration. These bioactive proteins initiate connective tissue healing and repair, promote development of new blood vessels, and stimulate the healing process.

The treatment consists in obtaining a blood sample, centrifuge it and retrieve the growth factors and reinject it in the tendon area, often under local anaesthesia.

The main benefit is that patients can see a significant improvement in symptoms. This treatment may eliminate the need for more aggressive treatments such as long term medication or surgery, as well as a remarkable return of function and a much shorter recovery time.

A major advantage of this treatment is that no foreign substance is used – we use the patient's own growth factors from his or her own blood - so there is no risk of any disease transmission.

### **Surgery:**

Surgery is usually performed as a day-case and can be open or key-hole. Open surgery is usually very successful with 80-90% of patients improving significantly. Keyhole surgery is still new in this particular disease and results are currently less predictable.

Rare complications of surgery include:

infection,

nerve or blood vessel damage,

weakness,

stiffness,

growth of islands of bone,

prolonged rehabilitation

need for 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 20 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.

There is a new arthroscopic technique that has been described but the results are still short term despite they have been encouraging.

**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.

**Physiotherapy:** Before you go home the physiotherapist will teach you, if possible, 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 but 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 the Reading Shoulder and Elbow Centre by phoning 01189028080 or sending an email to [info@readingshoulderunit.com](mailto:info@readingshoulderunit.com).**

Berkshire Independent Hospital,  
Swallows Croft, Wensley Road,  
Reading  
RG16UZ  
Tel: 01189 028109  
Email: [infoReading@giuseppesforza.com](mailto:infoReading@giuseppesforza.com)

Dunedin Hospital  
16 Bath Road,  
Reading,  
Berkshire  
RG1 6NS  
Tel: 01189 553486

Wellington Shoulder & Elbow Unit,  
The Platinum Centre,  
Wellington Place, St John's Wood,  
London  
NW8 9LE

Highgate Hospital  
17-19 View Road,  
Highgate,  
London  
N6 4DJ

Tel: 0207 4835406  
Email: [infoLondon@giuseppesforza.com](mailto:infoLondon@giuseppesforza.com)