

Patient Information

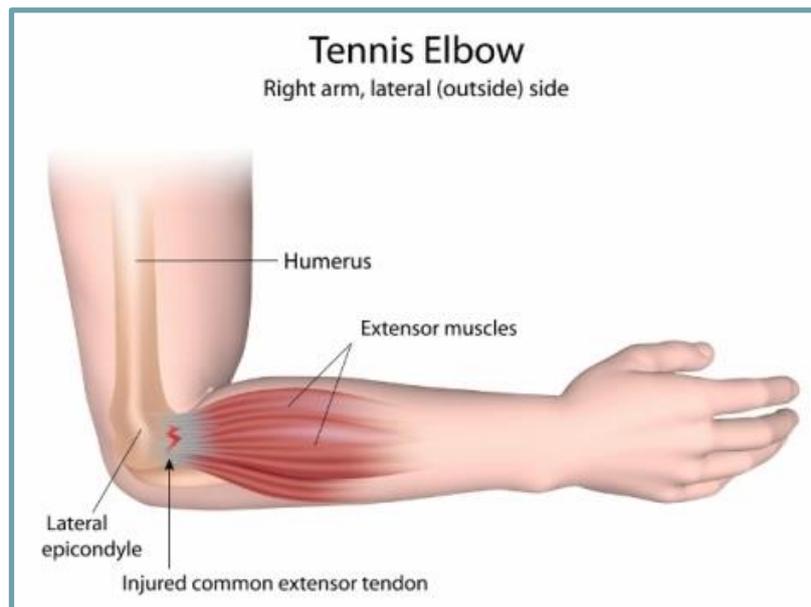
Tennis Elbow (lateral epicondylitis)

KEY POINTS

- It is a self-limiting condition – no-one ever has it forever
- 90% of people are better after 1 year
- Physiotherapy, activity modification and simple exercises will control the symptoms in most people
- Injections are seldom recommended nowadays
- An operation is only considered as a last resort

What is tennis elbow?

It is a problem with the tendons that attach the muscles of the wrist and fingers to the bone on the outside of the elbow. One or more of the tendons become painful, thickened or swollen and the discomfort can be felt into the forearm (i.e. along the length of the muscles).



How common is it?

It occurs at any age (most frequently between 40 to 50 years) and is more common in women than men.

What are the symptoms?

Varying degrees of pain, on the outside of the elbow; from mild discomfort to severe pain interfering with sleep. Gripping with twisting movements are often painful such as pouring out a kettle or wringing out a cloth. Repeated movements such as DIY or computer mouse work can often cause aggravation.

Why does it occur?

The exact cause of lateral epicondylitis is unknown. Most people do not play tennis! It may happen as a result of a sporting injury, or from repetitive wrist and hand movements in work, e.g. keyboard work; but sometimes it occurs for no apparent reason.

What can I do to help ease the symptoms?

Although tennis elbow often sounds like a trivial problem it can be very painful and quite intrusive. The most important thing to remember is this is a self-limiting condition, which means that it will get better on its own eventually. 90% of people are better within 1 year. The trick is to find ways of keeping the symptoms under control until it gets better. There are lots of things you can do.

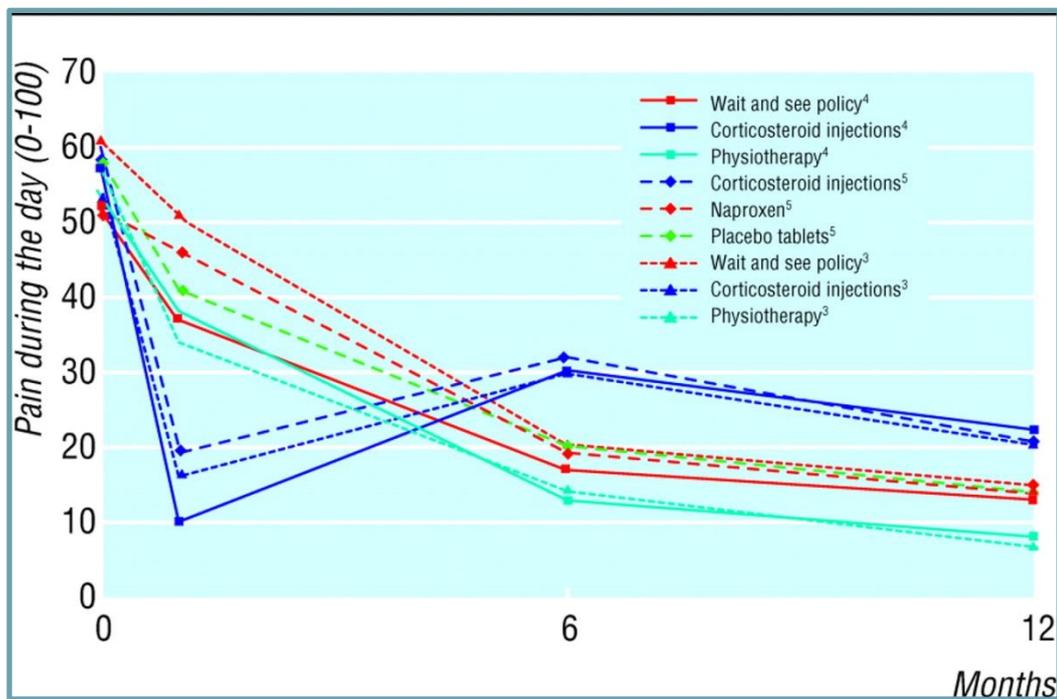
Tips:

- Rest! Resting the elbow between bouts of activity or by stopping sport for a few weeks can make a big difference.
- Be aware of the amount of force that you use to grip things. Try and use the minimum amount of force to maintain contact.
- Never lift anything with the back of your hand showing; try to pick up 'palm up'
- Thickening the grip size of rackets and clubs with more tape will help.
- If you are involved in a sport or hobby using repetitive movements, seek expert advice on your technique. A mishit backhand is the worst thing!
- Ice cube massage - apply oil to the tender area first to protect the skin and then massage with a wet ice cube for up to 10 minutes.
- Anti-inflammatory gel: apply over the tender area. This is available from the chemist without a prescription, but check you have no allergies or conditions that may be affected.
- Painkillers and anti-inflammatory tablets: available from your pharmacist or prescribed by your GP.
- Using a splint or brace may be helpful if the pain is very severe. There are many available but most physiotherapists recommend a counter-force brace (see right), which aims to decrease the tension on the tendon. Place the brace just below the painful area (i.e. 2 to 3 finger widths below the bony part of the elbow). Wear it when you are using your arm and take it off at night / when resting. Experiment with the brace in slightly different places – if it is going to work it normally makes an immediate difference. The best test for the ideal position is the gripping action.



What are your other treatment options?

This graph is based on 3 big studies of the treatment of tennis elbow comparing 'wait and see' with physiotherapy with cortisone injections. The graph shows that, for most people, the pain of tennis elbow has almost gone within 12 months of first symptoms. The addition of physiotherapy tends to improve symptoms. The use of cortisone injections, soon after the onset of symptoms, causes a drastic improvement in pain for a while but 6 and 12 months later the pain rebounds and is worse than for those people who did not have cortisone injections.



Physiotherapy – this may include treatments to relieve pain, reduce inflammation and scar tissue, mobilise surrounding joints and nerves and exercise programmes to re-strengthen the muscles.

Acupuncture – some people find this to be a miracle cure, others find it makes no difference at all. You will not know whether it will work for you until you try it. You should know within 2 to 3 sessions if it is going to help. Many physiotherapists offer acupuncture as part of their conservative treatment approach to tennis elbow.

Operation – This is usually a last resort and is reserved for people who have persistently painful symptoms despite trying all other treatments.

About the operation

You will have a full general anaesthetic (i.e. you will be asleep). The operation can be performed open (with a cut on the side of the elbow) or arthroscopically (keyhole). The area of tendon responsible for persisting pain is identified and released from its attachment to bone. When the procedure is performed arthroscopically any other problems inside the elbow can be addressed at the same time. The choice between having it done open or keyhole can be discussed with your surgeon.

What are the risks?

All operations involve an element of risk.

Generally, this is a very safe but not particularly reliable operation. Only about two-thirds of people are really pleased with the outcome, the rest are no better but seldom worse than before.

The risks include:

- Failure to improve. Up to 35% of patients will still have symptoms after the operation.
- Infection. This is usually a superficial wound problem. Occasionally deep infection may occur many months after the operation (rare; less than 1%).
- Revision. A need to re-do the surgery is uncommon (less than 10%).
- Nerve and blood vessel injury around the elbow (rare; less than 1%).
- Anaesthetic complications such as nausea and sickness, or rarely cardiac, respiratory or neurological (less than 1% each, i.e. less than one person out of one hundred).

What are the alternatives?

Probably you have tried most of the alternative solutions for your elbow pain before considering surgery. Not all options are appropriate for all people.

If the range of non-operative treatments have not worked then you may choose to live with the condition rather than have the operation. In most people the painful symptoms will eventually disappear within 2 years of starting.

Will it be painful?

During the operation local anaesthetic will be put around the elbow wound to help reduce the pain. Be prepared to take your tablets as soon as you start to feel pain. If needed take the tablets regularly for the first 2 weeks and after this time only as required. The amount of pain you will experience will vary and each person is different. Therefore take whatever pain relief you need.

Do I need to wear a sling?

Yes, you will be given a sling before you go home. You can take it on and off as you wish although resting the elbow for 6 weeks after the operation is an important part of the treatment.

When can I go home?

Usually you can go home on the same day.

Do I need to do exercises?

You will be shown exercises by the physiotherapist and you will need to continue with the exercises once you go home.

What do I do about the wound?

If you have open surgery, you will have one long dissolving stitch which does not need to be removed. The two ends, which look like fine fishing line, will fall off naturally after a couple of weeks. If you have had arthroscopic surgery (keyhole) there will be no stitches to worry about.

Unwind the bulky bandage 48 hours after the operation but leave on the dressing covering the wound for 14 days. Put on the tubigrip dressing to apply gentle compression during the day. Keep the wound dry until it is healed, which is normally within 14 days. You will be given the tubigrip to take home with you.

Are there things that I should avoid?

Yes, you must avoid heavy, strenuous and repetitive tasks for 6 weeks after the operation. However do not be frightened to start moving the elbow and in particular remember to keep stretching the elbow out straight several times a day from as soon as you get home.

How am I likely to progress?

It is important to recognise that improvement is slow and that this is not a quick fix operation. By 3 weeks after operation you will not have noticed much improvement and it is common for people to wonder whether they made the right decision about having the operation done. However you should have recovered nearly full movement. By 3 months after operation most people are delighted and have noticed a great improvement in their symptoms.

When can I drive?

You can drive as soon as you feel able to comfortably control the vehicle when you are not wearing a sling. This is normally about 2-3 weeks. It is advisable to start with short journeys.

When can I return to work?

This will depend on the type of work you do. Most people return within 2 weeks of the operation but if your job involves heavy lifting or sustained overhead arm movement you may require a longer period of rehabilitation.

When can I participate in my leisure activities?

Your ability to start these activities will be dependent on pain, range of movement and strength that you have in your elbow. You must avoid heavy, strenuous and repetitive tasks for 6 weeks after the operation. It is best to start with short sessions involving little effort and then gradually increase the effort or time for the activity.

CONTACT US

Private Patients
Tel: 0203 897 0663

Email: brownlow.pa@med-services.co.uk

NHS Patients
Tel: 0118 922 0008

Email: tracey.sandland@circlereading.co.uk

www.berkshireshoulders.co.uk