

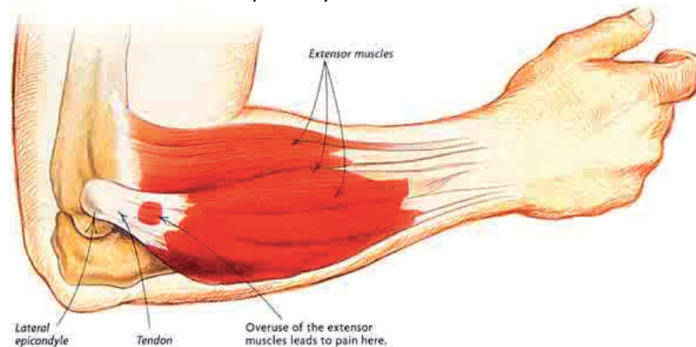
## TENNIS ELBOW, LATERAL EPICONDYLITIS, LATERAL EPICONDYLOSIS.

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This information aims to help you understand your condition and gain maximum benefit from your treatment. It covers the most commonly asked questions. However, every individual is different, and you should ask as many questions as you like.

### ELBOW ANATOMY

Tennis elbow is a problem with the tendons that attach to the lateral epicondyle, which is the bony bump on the outer side of the elbow. The muscles which attach here pull the wrist upwards and are called extensor muscles. These muscles join together to form a common extensor tendon, which attaches to the lateral epicondyle.



### TENNIS ELBOW

It is not known exactly why tennis elbow happens. It is more common in people who repetitively use their hand and wrist in gripping activities either at work or recreationally.

There is a minor injury within the substance of the tendon; which then tries to heal. The normal healing does not work properly, leaving unhealthy tissue behind. The tendon tries to heal again and the repeated process leaves an increasing amount of painful unhealthy tissue in the tendon.

Tennis elbow is a very common problem. The vast majority of cases get completely better with time on their own. As a result most treatments seem very successful. Many treatments exist. Eccentric strengthening exercises are cheap and effective.

### ECCENTRIC STRENGTHENING EXERCISES

These exercises should be performed for 3 sets of 15 repetitions. Have 1 minute rest between sets.

The exercises should be done 2 times a day. If done for 12 weeks 70% of patients have no pain.

It is important to experience some discomfort during these exercises

#### Phase 1

With you sore arm resting on a table lift your wrist up with the unaffected hand

Take the hand away and slowly lower the wrist



## Phase 2

Progress when the Phase 1 exercises are not painful

Repeat the exercises but add some weight to the hand such as a 500ml water bottle

### INJECTIONS:

If the condition does not respond to the exercises injections are often used. Steroid injections are the most commonly used injections, but they wear off after a few months and may make the condition worse in the long term. Platelet Rich Plasma (PRP) injections are more effective than steroid injections but are more expensive.

## THE OPERATION

For very severe cases and those that fail to improve after injections surgery may be necessary. The aim of the surgery is to remove the unhealthy tissue and to stimulate a normal healing response. You will come to hospital on the day of surgery. You will have a general anaesthetic. The surgery usually takes 30 minutes. The surgery may be performed through an open incision or arthroscopically (keyhole).

## AFTER SURGERY

You may go home either on the same day or the day after surgery

You will see a physiotherapist before you leave hospital.

You will be given a sling which can be worn for comfort. You can remove it whenever you like.

The speed of recovery is variable. It can be rapid or seem slow. Most improvement occurs in the first 6 months. The end of recovery is around 12-24 months after surgery.

Further general information is available in the 'Information for patients undergoing surgery' leaflet.

### APPOINTMENTS AFTER SURGERY

10-14 days; 6 weeks, 3 months, 6 months, 12 months.

### REHABILITATION EXERCISES

Specific rehabilitation exercise sheets will be given to you in hospital and during your follow-up visits.

Only do the exercises shown to you in hospital and demonstrated to you in clinic. Your therapist will suggest whether you can do the exercises yourself at home or would be better with regular supervised physiotherapy sessions. You will need to get into the habit of doing the exercises several times a day for around 6 months.

### MILESTONES

0-2 weeks

Outer bandages can be removed after 48 hrs.

Use the arm for day to day activities as tolerated

2-6 weeks

Strengthening begins

3-6 months:

Return to sports

6 months +:

Full activities

### RETURN TO WORK/SPORTS

Work (light duties / office) 1-2 weeks

Swimming 6-8 weeks

Driving 2 weeks

Work (manual)

Light lifting 6 weeks

Heavy lifting 12 weeks

### DRIVING

You can drive when you feel that you have full control of the vehicle. It is your responsibility to make this decision.

### LIFTING

Strengthening exercises should be continued in the long term to prevent a recurrence

### LIKELY OUTCOMES

The main aim of surgery is to improve pain and function. Patient satisfaction rates after surgery are around 95%.