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Lateral Epicondylitis
'Tennis Elbow'

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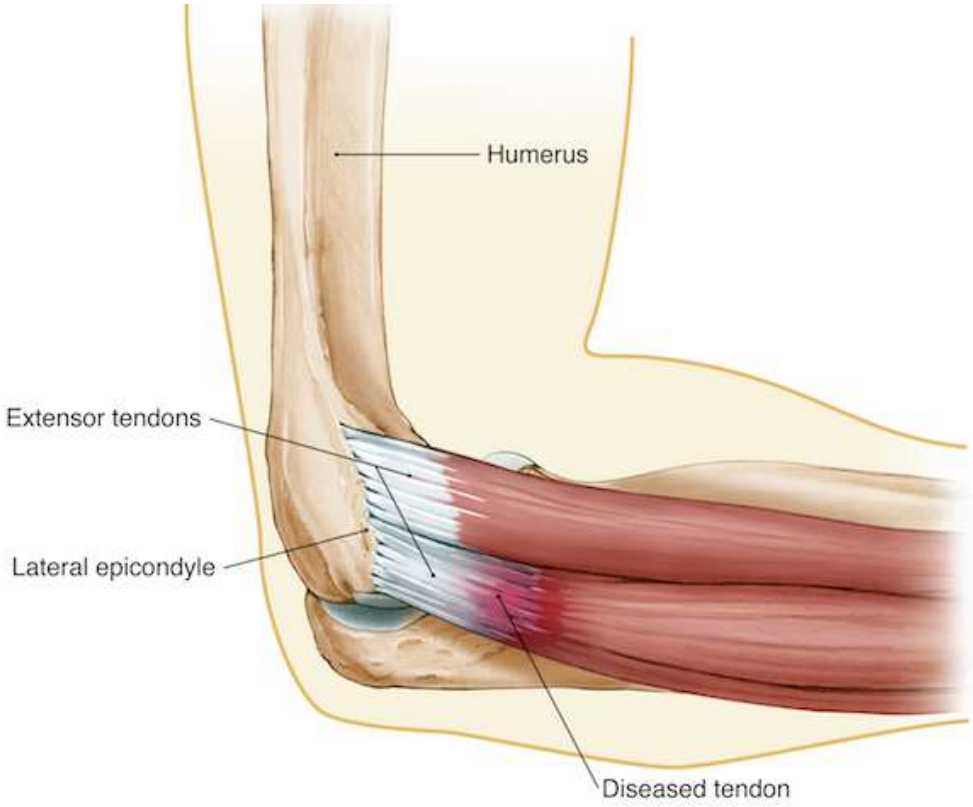

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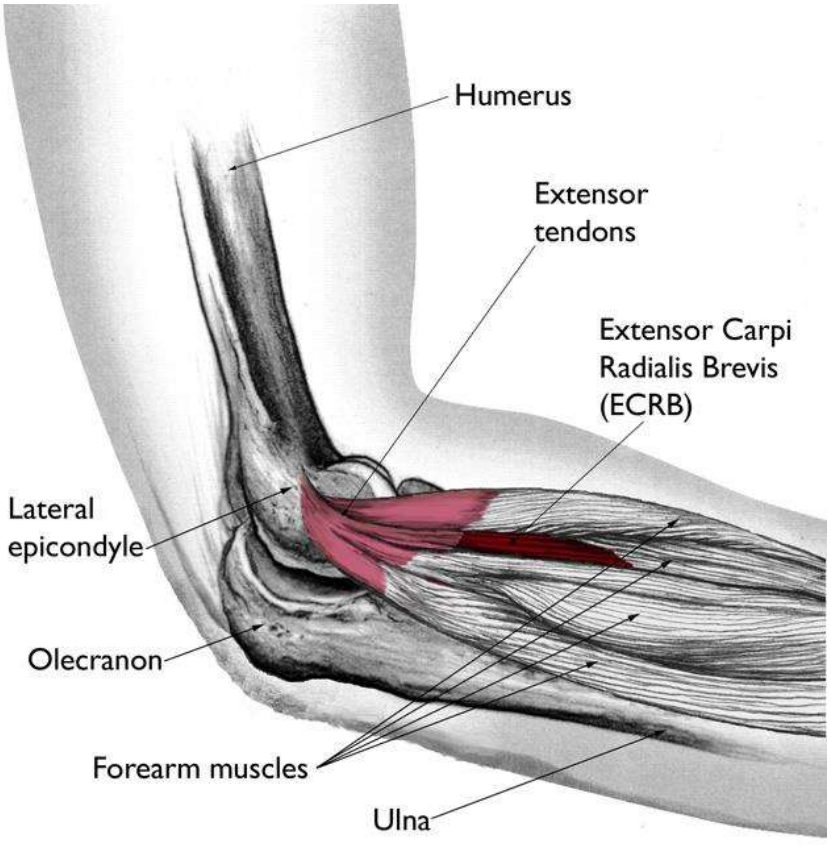
Anatomy/Description

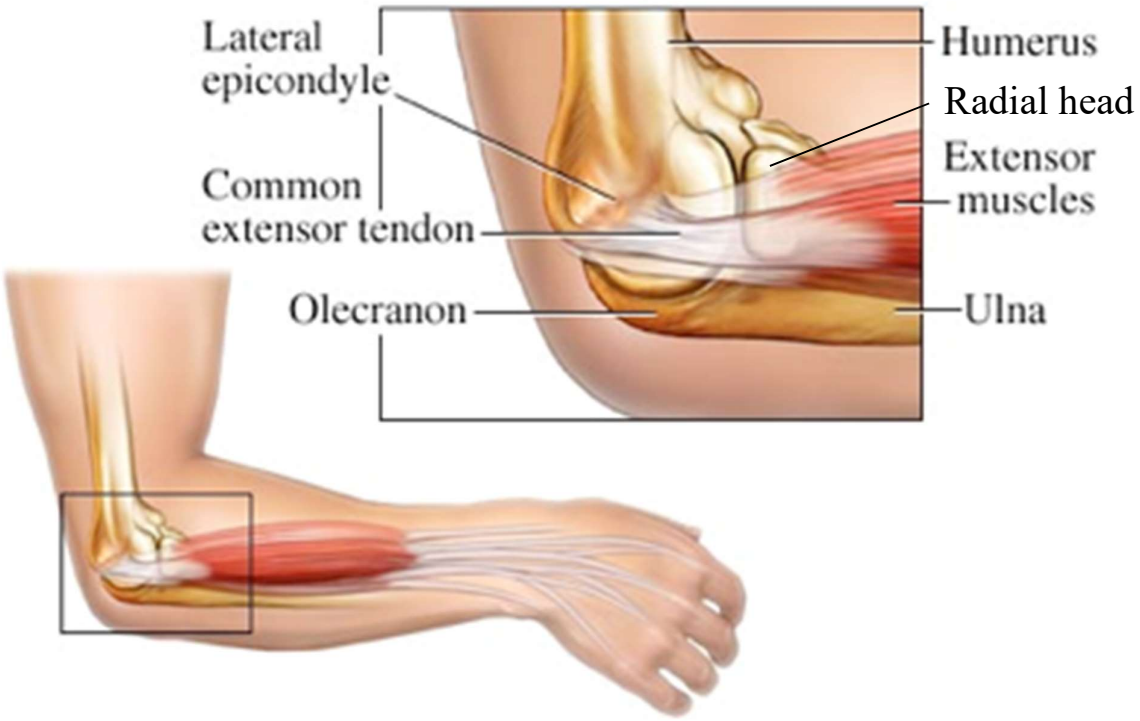
The elbow is comprised of three bones; the humerus (upper arm bone) the radius and the ulna (the two forearm bones). These structures are held together by muscles, tendons and ligaments. The epicondyles are the bony bumps at the bottom of the humerus, the lateral epicondyle is found on the outer aspect of the elbow. The muscles of your forearm extend your wrist and fingers, the forearm extensors attach to the lateral epicondyle.
'Tennis elbow' or 'lateral epicondylitis' are the terms used to describe a condition of the elbow that is very painful due to an inflamed tendon. The tendon that is affected is called the Extensor Carpi Radialis Brevis (ECRB).



What Causes Tennis Elbow?

Tennis elbow occurs when the ECRB tendon of the forearm become damaged from overuse that is, repeating the same stressful action involving wrist extension and rotation, for example when swinging a racquet. When the ECRB muscle is strained, microscopic tears begin to form in the tendon that attaches it to the lateral epicondyle. This causes pain when the elbow is straight as this muscle helps to stabilize the wrist, and these tears compromise function.

Gradual wear and tear is also a factor that contributes to tennis elbow. The location of the ECRB means that the muscle rubs over the radial head when the elbow bends, straightens and rotates. The constant rubbing over the bony prominence can eventually cause damage.

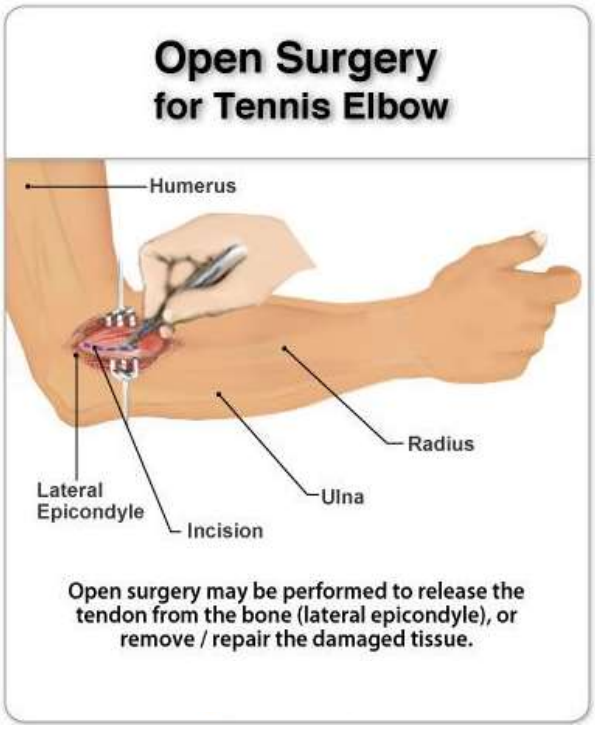


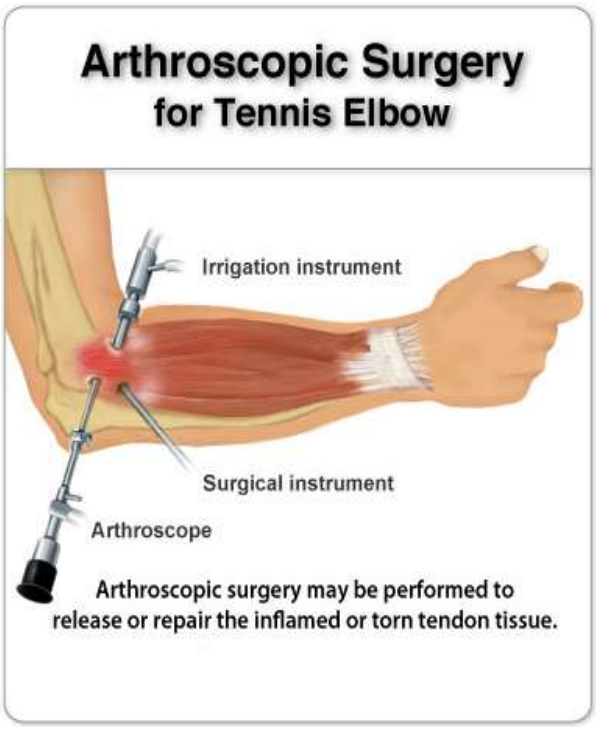
Symptoms

- Discomfort or burning sensation
- Pain on the outer elbow
- Weak grip strength
- Worsened on exertion

Treatment

Tennis elbow is most often managed without surgery. The initial non-surgical approach consists of physiotherapy which involves activity modification, stretches, deep friction massage, ice therapy, counterforce bracing and gradual strengthening exercises. This can be paired with steroid injections such as cortisone or Platelet Rich Plasma (PRP) injections. A cortisone injection is an anti-inflammatory medicine and can often relieve the symptoms effectively. PRP injections involve taking a sample of your own blood which is run through a centrifuge (spinning) and extracting the platelet rich plasma portion of the blood. This PRP is then injected into the diseased tendon tissue with the aim of allowing the PRP which contains growth factors to heal the damaged tissue.
However if your symptoms persist, a surgical approach may be required. Dr Dao can perform this procedure in either an open manor or arthroscopically. For the open approach Dr Dao will make an incision over the elbow, remove the diseased muscle and reattach healthy muscle to the bone.
The arthroscopic method involves a number of tiny incisions (also known as key-hole surgery) by which Dr Dao can then use a tiny camera and special instruments to debride the affected muscle and with special suture anchors, reattach healthy muscle to the bone.
The wound will be closed with skin stitches and small adhesive dressings.
An ice pack is often applied in recovery to help defuse swelling and ease pain. Your arm will be placed in a sling or shoulder immobilizer.





Recovery and Follow Up After Surgery

Following surgery your arm may be immobilized temporarily in a splint, two weeks after your procedure you will see Dr Dao and he will remove your splint and stitches. Your rehabilitation will depend on whether the tendon required repairing. Tendons take 3 months to heal after a repair so the rehabilitation will be much slower. Six weeks after your procedure you will see Dr Dao again and he will assess your progress. You will be given gentle exercises during this time as appropriate to help stretch the elbow and restore strength and flexibility. Dr Dao will advise you on when you are safe to return to normal movements and athletic activities. Generally this can take up to four to six months.

Frequently Asked Questions.

Q: Will the elbow heal by itself?

A. Tennis elbows tend to be successfully treated with activity modification, physiotherapy and injections, this is usually the first treatment option.

Q: Will I need surgery to repair the elbow?

A. If physiotherapy and injections do not relieve your symptoms adequately then surgery may be required.

Q. Is there any risks associated with the surgery?

A. All surgery has risks. Dr. Dao will discuss this with you, including but not limited to anaesthetic risks, the risk of wound infection or deeper infection which may require further surgery, slow healing, loss of flexibility, loss of strength, the risk of bleeding and stiffness in the elbow. There is also a risk of the damage to nerves and blood vessels close to the surgical area.

Q. Will the pain and discomfort in my elbow resolve?

A. The pain and discomfort in your elbow should resolve after medical intervention, however in some cases surgical intervention is required.

Q. What do I do if there is severe pain, discharge, increased swelling, worsening flexibility, inability to move the elbow or any urgent concerns following surgery?

A. During business hours, please contact the rooms on 8078 0633 or outside business hours please attend your local emergency department.