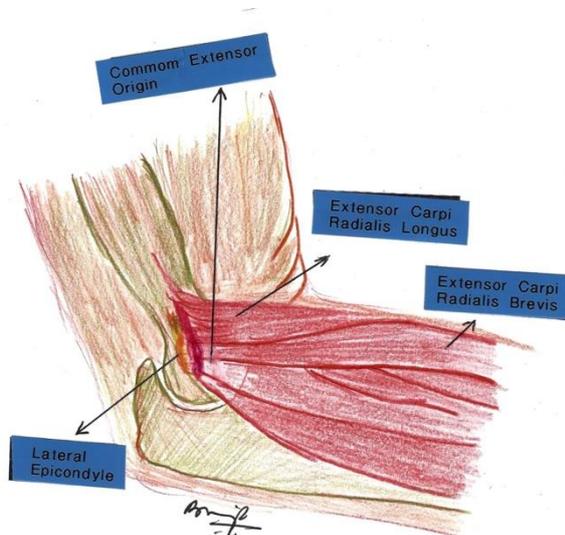


TENNIS ELBOW / LATERAL EPICONDYLITIS

Tennis elbow, or lateral epicondylitis, is a painful condition of the elbow caused by overuse. Tennis elbow is an inflammation of the tendons that join the forearm muscles on the outside of the elbow.



Anatomy

Your elbow joint is a joint made up of three bones: your upper arm bone (humerus) and the two bones in your forearm (radius and ulna). The bony bump on the outside (lateral side) of the elbow is called the lateral epicondyle. Muscles, ligaments, and tendons hold the elbow joint together. Lateral epicondylitis, or tennis elbow, involves the muscles and tendons of your forearm that help to extend your wrist and fingers. They attach on the lateral epicondyle. The tendon usually involved in tennis elbow is called the Extensor Carpi Radialis Brevis (ECRB)

Cause: The extensor carpi radialis brevis (ECRB) is weakened from overuse, microscopic tears form in the tendon where it attaches to the

lateral epicondyle. This leads to inflammation and pain.

Activities: Painters, plumbers, and carpenters are prone to developing tennis elbow.

Age

Most common age groups affected are between 30 and 50 years, although anyone can get tennis elbow if they have the risk factors.

Symptoms

The symptoms of tennis elbow develop gradually. In most cases, the pain begins as mild and slowly worsens over weeks and months. There is usually no specific injury associated with the start of symptoms.

Common signs and symptoms of tennis elbow include:

- Pain or burning on the outer part of your elbow
- Weak grip strength
- Pain worsening on gripping

The symptoms are often worsened with forearm activity, such as holding a racquet, turning a wrench, or shaking hands. Your dominant arm is most often affected; however, both arms can be affected.

Examination & Diagnosis

Your doctor will consider how your symptoms developed, any occupational risk factors, and recreational sports participation.

During the examination, your doctor will use a variety of tests to pinpoint the diagnosis. The diagnosis is clinical

X-rays / MRI

Plain radiographs / MRI / EMG studies may be required to rule out any other pathology.

Treatment

Nonsurgical Treatment

Approximately 80% to 95% of patients have success with nonsurgical treatment.

Rest. The first step toward recovery is to give your arm proper rest. This means that you will have to stop participation in sports or heavy work activities for several weeks.

Non-steroidal anti-inflammatory medicines. Drugs like aspirin or ibuprofen reduce pain and swelling.

Equipment check. If you participate in a racquet sport you may have to have your equipment checked for proper fit.

Physiotherapy: Specific exercises are helpful for strengthening the muscles of the forearm. Your therapist may also perform ultrasound, ice massage, or muscle-stimulating techniques to improve muscle healing.

Brace. Using a brace centered over the back of your forearm may also help relieve symptoms of tennis elbow. This can reduce symptoms by resting the muscles and tendons.



Injections.

Steroids have been historically used as a first line of treatment for tennis elbow. Its usefulness is questionable. The long term results are no better than doing nothing. However, in very painful situations it may be worthwhile considering steroid injection as this reduces any inflammation secondary to tendon degeneration and tear.

Platelet Rich Plasma (PRP) injections have shown promising results and may become more common in future in treating this condition.

Extracorporeal shock wave therapy. Shock wave therapy sends sound waves to the elbow. These sound waves create "microtrauma" that promote the body's natural healing processes. Shock wave therapy has shown to be beneficial in cases non responding to other forms of non operative treatment.



Surgical Treatment

If your symptoms do not respond after 12 – 18 months of nonsurgical treatments, you may be offered surgery. Most surgical procedures for tennis elbow involve removing diseased muscle and reattaching healthy muscle back to bone.

Open surgery. The most common approach to tennis elbow repair is open surgery. This involves making an incision over the elbow and removing the degenerate tendon ends. The surgeon then inserts an anchor to repair the tendon ends. Open surgery is usually performed as a day case surgery.

Arthroscopic surgery. Tennis elbow surgery can be performed using key holes and tiny

instruments. Like open surgery, this is a day care procedure, carried out under general anaesthesia. This allows the surgeon to undertake examination of the rest of the elbow joint to see for any other pathologies.

Surgical risks. As with any surgery, there are risks with tennis elbow surgery. The most common things to consider include:

- Infection
- Nerve and blood vessel damage
- Possible prolonged rehabilitation
- Loss of strength & flexibility
- Persistent / worsening of symptoms
- The need for further surgery

Rehabilitation. Following surgery, you have a bulky arm dressing which is taken down in 48 hours. After that you start to move the elbow as comfortable. Exercises are started to stretch the elbow and restore flexibility. Light, gradual strengthening exercises are started about 2 months after surgery.

Your doctor will tell you when you can return to athletic activity. This is usually 4 to 6 months after surgery.

Tennis elbow surgery is considered successful in 70% to 80% of patients.

Further Information

If you have any further questions then please ask at your clinic appointments.

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This information has been designed to help you gain the maximum benefit in the management of your condition. It is not intended to be a substitute for professional care and should be used in association with the recommendations given by your orthopaedic consultant. Individual variations needing specific instructions not mentioned here may be required.