



SURGERY

Tennis & Golfers Elbow Surgery

Diagram showing the muscles involved in Tennis Elbow



What does this involve?

This involves removing part of a damaged tendon attached to the outer side of your elbow joint. In tennis elbow the damaged tendon is Extensor Carpi Radialis Brevis which sits in between several other forearm muscles (see diagram below). A similar operation, on the inner part of the elbow, is performed for golfers elbow.

Several operations have been described for these conditions. The simplest is to split open the muscles, find ECRB, remove any damaged tendon tissue, freshen up the bone attachment on the side of the humerus (to encourage healing) and close the outer layers of muscle. Often the inside of the elbow joint is also inspected during the operation to make sure there is nothing there causing your symptoms.

When is surgery needed?

Fortunately most people with tennis and golfers elbow never need an operation. Most surgeons would reserve an operation for someone who has significant symptoms interfering with their day-to-day life. These symptoms should have been present for at least 6 months with no sign of resolving. Simpler treatments should have been tried such as splints, activity modification, painkillers, stretching exercises and usually steroid injections, before considering surgery.

What are the main risks of this operation?

Swelling, Stiffness and Scar pain

This can be reduced by keeping the arm elevated and moving all the free joints as soon as possible. In most people the general swelling reduces dramatically in the first week after the operation.

Local swelling around the surgical site can persist for several months. Local swelling can be helped by massaging the tissues and this may also improve any irritability in the surgical scar.

The elbow will be uncomfortable initially and this will require an exercise programme to be followed to regain full movement.

Occasionally patients are troubled by more swelling and stiffness than average. In this case complex regional pain syndrome (CRPS) is sometimes the cause (see relevant information sheet in 'Conditions we Treat'). Severe CRPS occurs in less than 1% of cases.

Infection

This is unusual (less than 1% of cases). Local wound infections can often be treated with antibiotics by mouth. Rarely deep seated infections may require re-admission to hospital, antibiotics into the vein and occasionally more surgery.

Nerve Damage

The nerves most at risk with these operations are the small skin branches supplying sensation around the scar. The lost patch of skin sensation from these injuries might be irritating but should not affect how your elbow works.

Elbow Instability

Damage to the strap ligament on the side of the elbow (lateral collateral ligament) has been described if too much tissue is removed at the time of the operation. This is very rare (much less than 1%) if you have an experienced elbow surgeon. This complication would usually require more surgery.

Persistent/Recurrent Symptoms

This is the main problem with all operations for tennis (and golfers) elbow – the symptom relief is unpredictable, whatever surgical technique is chosen. About 70% of patients report some improvement in their symptoms following surgery, most will have some residual discomfort in the elbow. About 30% have no relief of their symptoms, a small number of these patients will be worse after the surgery, about 1%.

Type of Operation	Day case
Length of Procedure	30 mins
Anaesthesia	General Anaesthetic (asleep) or Regional Anaesthetic (arm numbed with local anaesthetic)



Post Operative Course

Day 1 - 3

- A sticky dressing and padded bandage is applied after the operation
- Keep the dressings clean and dry
- Keep the arm elevated in a sling or on pillows to reduce swelling
- Start moving the joints not in the bandage immediately to prevent stiffness.
- Take painkillers before the anaesthetic wears off and as necessary thereafter

Day 3 - 14

- You can take off the padded bandage but keep/replace the sticky dressing over the wound to protect it.
- Keep the wound clean and dry
- Continue gently exercising the joints and now include the elbow. You will have been given an exercise sheet on the day of surgery to help with this.
- You can use the hand for light activities but avoid heavy loading and prolonged periods with the hand hanging down below your waist.

2 Weeks

- A wound check and removal/trimming of stitches should occur between 10 and 14 days after your surgery. The details will be arranged on the day of your surgery.
- Continue gradually increasing activities as comfort allows, avoid lifting heavy weights.
- Once the wound is completely sealed a daily session of 10 minutes massaging the scar with unscented hand cream is often useful to disperse swelling and desensitise the scar.

6 Weeks

- Most people are back to normal activities by this stage although scar massage may still be useful
- Loading of the elbow and strengthening can begin

3 Months

- It may take this long for residual discomfort in the scar and elbow to settle down.

Post Operative Difficulties

Contact your surgical centre at any stage if:

- Your fingers become more swollen, stiff or painful than you expect
- You see any discharge, wetness or detect any unpleasant smells from below your dressing

Outside normal working hours you may need to attend your local Accident and Emergency Department for help with these issues.

Driving

You may drive when you feel confident to control the car, even in an emergency.

For this surgery it is often six weeks before you should consider driving again.

Time off Work

This will vary depending on the nature of your job.

Sick notes can be provided on the day of your operation, at your clinic visits and by your own GP.