



Elbow pain

Tennis elbow
Golfers elbow
Ulnar neuritis
Arthritis

Tennis Elbow

Tennis elbow is due to micro tears in the common extensor tendons that originate from the bony prominence on the outer side of the elbow. The main tendon involved is the "extensor carpi radialis brevis" (ECRB). Tennis elbow is not an inflammation.

The pain can vary between sharp stabbing to dull aching. It is felt at the outer aspect of the elbow when lifting a weight or twisting action is involved, like opening a jar. The pain can wake you up at night and it is particularly bad first thing in the morning.

Rest, activity modification for 3-4 weeks and painkillers do help. However physiotherapy has been shown to help a great deal in the first 6 months to a year after the onset of tennis elbow. This will be in the form of stretching of the extensor tendons and hot or cold compresses. With the help of the above treatment modalities, most tennis elbows settle and most people are able to get back to playing sport.

If the above mentioned treatment fails to settle the symptoms then the following should be considered before surgery is decided upon:

1. An injection of steroid and local anaesthetics can be given around the tendon to relieve the pain. However recent papers suggest that the period of relief of pain is variable and usually reoccur at 6 months.
2. Shock wave therapy can be helpful in 70% of cases.

Surgery

This is done as a day case and under general anaesthetic or arm block. Surgery involves targeting the ECRB tendon and removing its diseased bony attachment. The footprint of the tendon on to the bone is refreshed to encourage healthy scar formation.

After surgery the patient will be in a heavy bandage for two days. Patient will be encouraged to move the elbow from day one. No driving for two weeks and no heavy lifting for 4-6 weeks.

Tennis elbow release carries a success rate of 70-80%

Golfers elbow

Tennis elbow is due to micro tears in the common flexor tendons that originate from the bony prominence on the inner side of the elbow. Golfer's elbow pathology is not an inflammation and very similar to tennis elbow.

The symptoms and signs are the same as tennis elbow, but on the inner side. The symptoms of pain can be accompanied by the feeling of numbness in the distribution of the ulnar nerve i.e. the little and ring finger.

The surgical treatment is the same as tennis elbow. This involves releasing the attachment of the flexor tendons from the bone on the inner side of the elbow and refreshing the bony footprint where the tendon was attached. If the ulnar nerve was compressed at the same time a release of the nerve is done at the same time (cubital tunnel release).

The success

Rate of golfer elbow release is 70%.