

Elbow Tendinitis

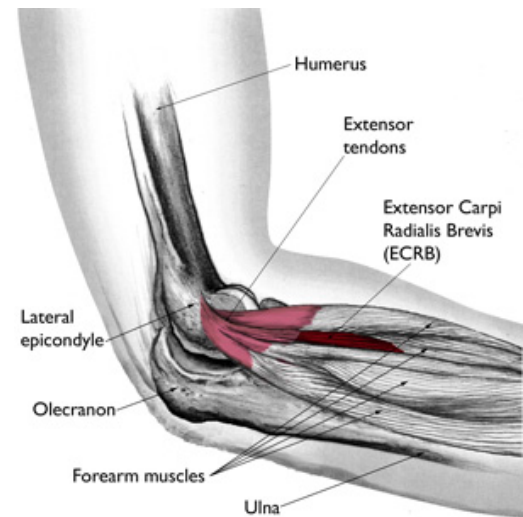
Anatomy

The 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). There are bony prominences at the bottom of the humerus called epicondyles. The bony prominence on the outside (lateral side) of the elbow is called the lateral epicondyle. The bony prominence on the inside of the elbow (medial side) is called the medial epicondyle. Muscles, ligaments, and tendons hold the elbow joint together.

Lateral epicondylitis, or tennis elbow, involves the muscles and tendons of your forearm. Your forearm muscles extend your wrist and fingers. Your forearm tendons -- often called extensors -- attach the muscles to bone. They attach on the lateral epicondyle. The tendon usually involved in tennis elbow is called the Extensor Carpi Radialis Brevis (ECRB).

Medial epicondylitis, or golfer's elbow, involves the muscles and tendons of your forearm. Your forearm muscles flex your wrist and fingers. Your forearm tendons -- often called flexors -- attach the muscles to bone. They attach on the medial epicondyle.

Lateral Epicondylitis



Medial Epicondylitis



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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.

Physical therapy. 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.

Steroid injections. Steroids, such as cortisone, are very effective anti-inflammatory medicines. Your doctor may decide to inject your damaged muscle with a steroid to relieve your symptoms.

Surgical Treatment

If your symptoms do not respond after 6 to 12 months of nonsurgical treatments, your doctor may recommend 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 lateral epicondylitis and medial epicondylitis is open surgery. This involves making an incision over the elbow. The damaged tissue is removed and then the remaining tissue is repaired.

Tenex. This is an outpatient procedure that is less invasive than the open procedure and uses an ultrasound and a little shaver through a small incision to debride the damaged tissue.

Risks: There are risks with any surgery. Risks and complications are rare, but include: infection, damage to nerves or blood vessels, blood clots, pulmonary embolism, medical complications, swelling, stiffness, continuing knee problems, etc.

Before Surgery

You need to prepare ahead of time for knee surgery.

- Stop taking anti-inflammatory medication, including aspirin before the surgery if directed
- Tell your doctor about any prescription or over-the-counter medications, herbs, or supplements that you take. Ask whether you should stop taking any before surgery
- Don't eat or drink anything after midnight the night before surgery. This includes water, unless told otherwise by the surgical facility.
- Arrange for a friend or family member to give you a ride home.

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After Surgery

After your surgery you will recover in the hospital or surgery center for a few hours. Your knee will be bandaged and your leg elevated. When you are able to go home you will be instructed how to relieve any pain and how to care for your knee as it heals. To help with healing, a program of physical therapy (PT) may be prescribed.

In the Recovery Room

After surgery you will be taken to a recovery area to rest. You will have a bandage to protect your incisions. Nurses will give you medications to help relieve the pain. Ice cold therapy may be used to reduce swelling & pain in your knee.

Going Home

Before leaving the hospital or surgery center, be sure to know how to care for your knee at home. Ask any questions you may have. Also know who to contact if you have questions later. When you are ready to leave the hospital or surgery center, an adult family member or friend must drive you home.

Post-op Instructions

- Pain medication will be prescribed; it will be available for pick up at the pharmacy listed on your surgical letter. Take the pain medication as directed.
- **It is illegal to drive while taking narcotic pain medication.**
- Ice your knee 3 times a day for 20 minutes at a time. Use a bag of ice or frozen peas. Put a thin cloth between your skin and the ice source.
- Crutches are required following meniscus repair.
- You should begin physical therapy 2 days post-op, if possible, to maintain motion & strength in your knee.
- You are able to shower 2 days after surgery. Let the soap and water run over the incisions; do not scrub them. Dry the incisions with a clean towel or gauze pad. Cover the incisions with band-aids. Do not apply ointment, of any kind, to your incisions.
- Bruising and swelling of the elbow and hand are common. Bleeding from the soft tissues deep to the skin cause this. Bruising and swelling usually resolve in the first few weeks following surgery.
- Follow up one week after surgery to have your stitches removed and to discuss your surgical procedure.

You should contact your physician if you are having shortness of breath, redness around your incisions, discharge from your incisions, or a fever greater than 101.5°F