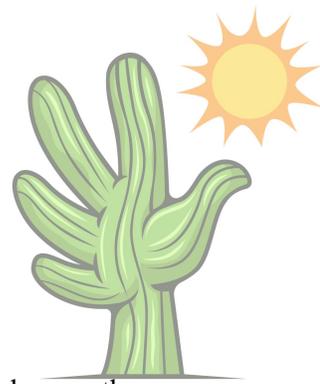


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TENNIS ELBOW



What is it?

- Tennis elbow (Lateral Epicondylitis) is an over-use injury that affects the extensor tendons on the outside (lateral) part of the elbow.
 - o Overuse: forceful extension of the wrist – like in a tennis backhand stroke. This can also be caused by repetitive office work, manual labor, or gripping/lifting.
- Pain, soreness, and weakness on the outside part of the elbow which travels to the wrist.

Who gets it?

- Affects 1-3% of adults annually
- Mostly between the ages of 35 and 50
 - o Men and women have an equal prevalence.

What can you do about it?

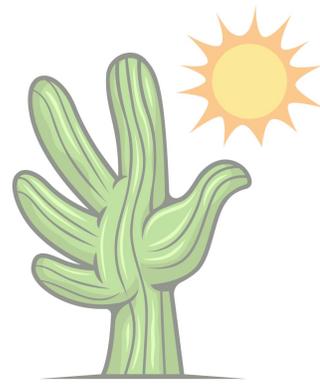
- No MRI/CT is needed –a hand surgeon can diagnose this condition with only a physical exam.
- A wrist brace or elbow strap can both be helpful.
- Time (12-18 months) is the best treatment. The vast majority of patient will improve in time.
- Steroid injections are harmful for this particular condition and NOT recommended.
 - o Studies have shown that steroid injections worsen the injury over time.
- Restorative injections (Platelet-Rich Plasma – PRP or another stem cell injection) may help heal the tendon and may benefit tennis elbow.
- Therapy for special (eccentric) strengthening exercises and strapping may be helpful as well.
- Surgery is (rarely) indicated when non-operative management isn't helpful.



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Surgery:

- The surgery involves a 4cm incision at the outside aspect of the elbow.
- The diseased tendon is removed and the tendon is repaired.
 - o The sensory nerve to the area is stripped to decrease pain at the elbow.

Post-operative course

- Pain pills may be needed for the first 1-2 days – but most people will make a rapid recovery.
- Five black nylon sutures are removed at the first post-operative visit in 2 weeks.
 - o This suture is inert (does not react with your body) and is sturdy.
- You can text, type, and do light duties with the hand before the sutures are removed while the dressing is in place (but no weight bearing).
- After the sutures are removed you can ease back into activity.
- Post-operative therapy may be helpful – but is not required.

Outcomes

- 80-97% of patients will have a good or excellent result from surgery.
 - o Average pain 8/10 before and 2/10 after surgery.

Complications

- Risk damage to ligaments and neurovascular structures (including local sensory or motor nerves), infection, wound complications, and continued pain.

Additional consideration

- Please see additional content on this website for more information regarding Platelet-Rich Plasma (PRP) and other stem cell injections.