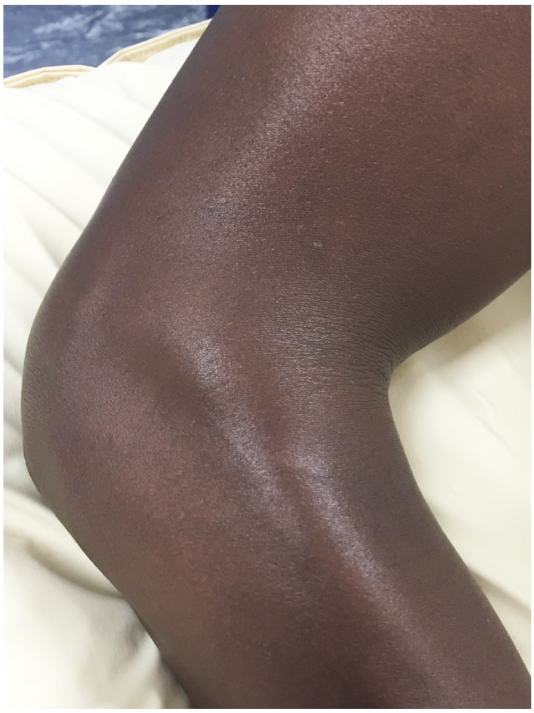
FORTIUS CLINIC WIMBLEDON
22 Worple Road, Wimbledon, SW19 4DD **tel: 020 3195 2442**
FORTIUS CLINIC MARYLEBONE
17 Fitzhardinge Street, London, W1H 6EQ **tel: 020 3195 2442**
NEW VICTORIA HOSPITAL
184 Coombe Lane West, Kingston, KT2 7EG **tel: 020 8949 9020**
PARKSIDE HOSPITAL
53 Parkside, Wimbledon, SW12 5NX **tel: 020 8137 8431**

PD HAND SURGERY



Tennis elbow

Tennis and Golfer's Elbow

Tennis elbow (lateral epicondylitis) and Golfer's elbow (medial epicondylitis) are conditions where pain and tenderness is felt over the bony prominence on the outside or inside of the elbow. This is where the muscles on the front and the back of the forearm arise from and the pain is caused through inflammation of the attachment of the muscles onto the bone.

The condition does not occur only in tennis players or golfers, but is related to activities that involve repetitive wrist and elbow movements. Tennis elbow is more common than golfer's elbow but both may be associated with sporting activities such as throwing, lifting weights and racquet sports. Day to day activities such as painting, gardening, DIY or even using a computer can provoke symptoms.

It is usually possible to diagnose tennis and golfer's elbow in the clinic by taking a careful history and examining the upper limbs carefully. It is not usually necessary to request special investigations unless there is doubt about the diagnosis. The treatment depends on modifying activities to avoid the precipitating factors and to use anti-inflammatories initially. Physiotherapy may be beneficial to do stretching and strengthening exercises. If it is not possible to alleviate the symptoms with these methods, it can be worthwhile considering steroid injections into the area to reduce the amount of inflammation which allows the stretching and strengthening exercises to be performed more effectively, improving the cure rate. A combination of steroid injections and physiotherapy can cure up to 80% of patients.

Surgery is an option in the few patients that remain symptomatic. It can be performed as a day case procedure under a regional block and sedation. It involves a small incision about 4cm long centred over the painful area. The inflamed tissue is removed, leaving behind the healthy tendon and the bone is freshened to allow a new attachment of tendon onto the bone and promote healing of healthy tissue. A bulky dressing is applied to the elbow for the first five days. At this stage the dressing can be changed at home for a simple adhesive dressing. At this point day to day activities including driving can be commenced if you feel safe and in control of the car. The attachment of the deeper tissues to the bone takes place over a period of about 8 weeks and it is therefore important to realise that grip strength may be reduced during this time and that a return to sporting activities or day to day tasks that caused the problem in the first place will need to be graduated.

Up to 80% of patients settle without surgery and the 20% of patients that require surgery have a success rate of well over 80%, so there are actually very few patients that cannot be cured of tennis elbow or golfer's elbow and make a return to their normal activities.

Mr Paul Davey Orthopaedic Hand & Wrist Surgeon
www.pdhandsurgery.co.uk

Secretary: Rachel Smith
tel: 020 8409 1750
email: rachelsmith.medicalpa@gmail.com

Correspondence to
Fortius Clinic Wimbledon
22 Worple Road, Wimbledon, SW19 4DD