

Patient Information for Consent

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OS38 Surgery for Tennis Elbow

Expires end of March 2021

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COVID-19 (Coronavirus)

On 11 March 2020 the World Health Organization confirmed COVID-19 (coronavirus) has now spread all over the world (this means it is a 'pandemic'). Hospitals have very robust infection control procedures. If you catch the coronavirus, this could affect your recovery and might increase your risk of pneumonia and even death. Talk to your healthcare team about the balance of risk between waiting until the pandemic is over (this could be many months) and going ahead with your procedure. If your procedure is routine (rather than urgent), your doctor may recommend a delay.

Please visit the World Health Organization website: <https://www.who.int/> for up-to-date information.

What is tennis elbow?

Tennis elbow is caused by wear and tear of the tendons on the outside of your elbow, causing pain, stiffness and, sometimes, weakness (see figure 1). It usually affects people over 30. The pain can happen, or be made worse, by everyday activities such as twisting the lid off a jar.

Your surgeon has recommended an operation called a tennis elbow release. However, it is your decision to go ahead with the operation or not.

This document will give you information about the benefits and risks to help you to make an informed decision. If you have any questions that this document does not answer, ask your surgeon or the healthcare team.

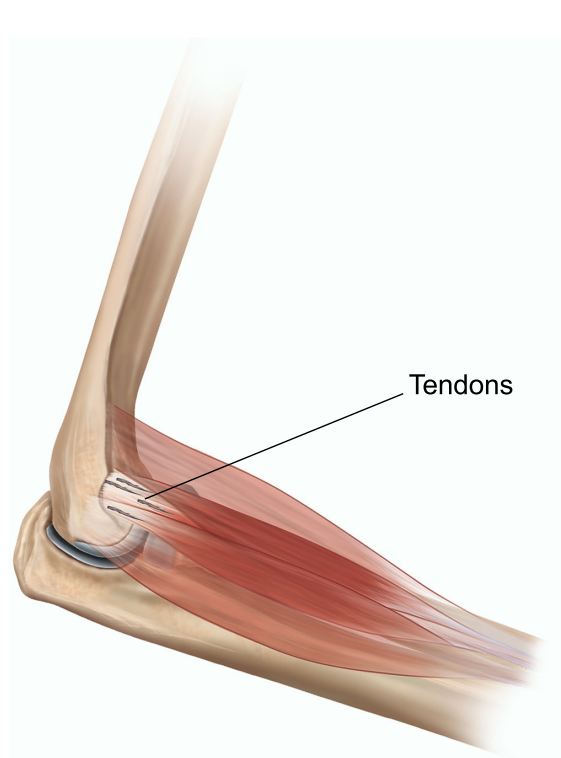


Figure 1
The tendons of a right elbow

What are the benefits of surgery?

9 in 10 people heal within a year without surgery. The main benefit of surgery is to get relief from the symptoms more quickly.

Are there any alternatives to surgery?

Tennis elbow is a self-limiting condition so as you adapt your activities, your elbow heals over time. Resting your elbow when you have symptoms and not doing the activities that cause pain will treat the condition but it can take up to 2 years to recover fully.

Physiotherapy can help you to recover more quickly. The physiotherapist can give you exercises and stretches to improve how your elbow works.

Some people may also benefit from wearing a splint. These work by reducing how much you can stretch and move the tendons.

A steroid injection into your elbow joint can sometimes reduce pain and stiffness for several months. You may get side effects if you have steroid injections too often. For 1 in 3 people who have the injections, the symptoms return within 3 months.

Injections of blood, taken from a vein in your arm and injected into your elbow, are more effective than other types of injection. This type of injection is most effective when the blood is first separated and only concentrated platelets are injected into the tendons (platelet-rich plasma injection). The platelets contain your body's natural healing factors and can speed up the recovery process. The injection causes some pain and stiffness that can last for about a week.

Sometimes an injection of hyaluronic acid can improve symptoms. Hyaluronic acid is a natural substance found in synovial fluid (lubricating fluid in your joints).

Surgery is usually recommended only if your symptoms continue for longer than 3 months and the above treatments have failed.

What will happen if I decide not to have the operation?

Rest your elbow and do not do the activities that cause your symptoms. Your surgeon or the physiotherapist may recommend that you continue with another treatment.

What does the operation involve?

Remove any rings from your hand before you come into hospital.

The healthcare team will carry out a number of checks to make sure you have the operation you came in for and on the correct side. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

Your surgeon may use an arthroscopy (keyhole surgery) as this is associated with less pain, less scarring and a faster return to normal activities.

Keyhole surgery is usually performed under a general anaesthetic but sometimes a nerve block is used, where local anaesthetics and other painkillers are injected near the major nerves to your arm. The open operation can be performed under a local anaesthetic. Your anaesthetist will discuss the options with you.

You may also have injections of local anaesthetic to help with the pain after the operation. You may be given antibiotics during the operation to reduce the risk of infection. The operation usually takes about 30 minutes.

Your surgeon will usually use a tourniquet (tight strap) to reduce the risk of bleeding.

Keyhole surgery

Your surgeon will use a small frame to support your arm. They will inject fluid into the joint, which helps them to perform the operation. Your surgeon will usually make two small cuts, about half a centimetre long, around the joint. They will insert a small telescope through one of the cuts so they can examine the joint. They will insert surgical instruments through the other cut to remove the damaged part of the tendon and to treat any other problems with the joint.

Open surgery

The operation is similar but is performed through a 4 to 5 centimetre cut made on the outside of your elbow. Your surgeon will close any cuts with stitches or adhesive plasters.

What should I do about my medication?

Let your doctor know about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

What can I do to help make the operation a success?

If you smoke, stopping smoking now may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight. Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

You can reduce your risk of infection in a surgical wound.

- In the week before the operation, do not shave or wax the area where a cut is likely to be made.
- Try to have a bath or shower either the day before or on the day of the operation.
- Keep warm around the time of the operation. Let the healthcare team know if you feel cold.

What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

Some complications can be serious and can even cause death.

You should ask your doctor if there is anything you do not understand.

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

General complications of any operation

- Pain. The healthcare team will give you medication to control the pain and it is important that you take it as you are told so you can move about as advised.
- Bleeding during or after the operation. It is unusual to need a blood transfusion. The risk is reduced because your surgeon will usually use a tourniquet.

- Infection of the surgical site (wound). It is usually safe to shower after 2 days but you should check with the healthcare team. Keep your wound dry and covered. Let the healthcare team know if you get a high temperature, notice pus in your wound, or if your wound becomes red, sore or painful. An infection usually settles with antibiotics but you may need another operation.
- Unsightly scarring of your skin, although arthroscopy scars are usually small and neat.

Specific complications of this operation

- Bleeding into the joint (risk: 1 in 100). This causes swelling and pain. You may need a further arthroscopy to wash out the joint.
- Infection in your elbow joint (risk: less than 1 in 100). You will need antibiotics and sometimes another operation to clean out the joint.
- Severe pain, stiffness and loss of use of your arm and hand (complex regional pain syndrome). The cause is not known. You may need further treatment including painkillers and physiotherapy. Your arm and hand can take months or years to improve.
- Damage to nerves around the joint, leading to weakness, numbness or pain (risk: 1 in 100). The risk is higher if your surgeon used the arthroscopic technique. This usually gets better but may be permanent.
- Damage to the radial nerve. The radial nerve passes close to your elbow and can get bruised, leading to weakness in the muscles that straighten your fingers. This usually gets better but, rarely, may be permanent.

How soon will I recover?

In hospital

After the operation you will be transferred to the recovery area and then to the ward.

Your surgeon or the physiotherapist will tell you how long you need to keep your arm supported.

You should be able to go home the same day. However, your doctor may recommend that you stay a little longer.

If you do go home the same day, a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours. Be near a telephone in case of an emergency.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

Returning to normal activities

Do not drive, operate machinery or do any potentially dangerous activities (this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination.

If you had a general anaesthetic or sedation, you should also not sign legal documents or drink alcohol for at least 24 hours.

Keep your wound dry for 4 to 5 days, and use a waterproof dressing when you have a bath or shower. Any stitches are usually removed after 1 to 2 weeks.

The physiotherapist may give you exercises and advice to help you to recover from the operation. Follow any instructions carefully to improve the chance of getting strength and movement back in your joint.

The healthcare team will tell you when you can return to normal activities. Do not play contact sports or lift anything heavy until they have told you that it is safe. It can take a few weeks to get back to normal activities.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Do not drive until you are confident about controlling your vehicle and always check your insurance policy and with your doctor.

The future

Most people have a major improvement and a quicker return to normal activities. Symptoms can continue (risk: 1 in 10).

Summary

Tennis elbow is caused by wear and tear of the tendons on the outside of your elbow. 9 in 10 people heal within a year without any treatment. The main benefit of surgery is to get relief from the symptoms more quickly.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Acknowledgements

Reviewer: Prof Adam Watts MBBS FRCS (Tr. & Orth.)

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