



Medial epicondylitis (also known as golfer's elbow)



What is it?

Muscle and tendon units at the front of the forearm are responsible for finger and wrist flexion as well as forearm rotation.

Many of these tendons arise from the medial epicondyle – the inner side of the elbow.

One of these tendons is prone to degeneration and mechanical overload.

The frayed tendon can result in an inflammatory type reaction, which is painful.

This may interfere with gripping and holding objects.



How is it diagnosed?

Medial epicondylitis is diagnosed on the basis of the history described above, and by clinical examination for tenderness over the inner aspect of the elbow.

Resisted contraction of the affected muscle and tendons can reproduce the pain.

The diagnosis can be confirmed with an ultrasound or MRI scan.



What is my approach to treatment?

Persistent cases that do not respond to rest or physiotherapy can be treated with; shockwave therapy,

stem cell or

a single steroid injection locally, with a 60-70% success rate.

Surgical release may be required if these treatments fail.



What does an operation involve?

Surgery normally occurs as a day case, under general or regional anaesthesia.

A tourniquet is applied to the upper limb, similar to a blood pressure cuff, to provide a clear view of the operative field for surgery. T

he origin of the tendon is exposed through a small incision.

The affected tendon is removed and the underlying bone may need to be drilled.

The remaining tendons are then sutured to each other.

The skin is closed with non-absorbable sutures and a long acting local anaesthetic injection is administered to provide pain relief.

A dressing and bandage are then applied.

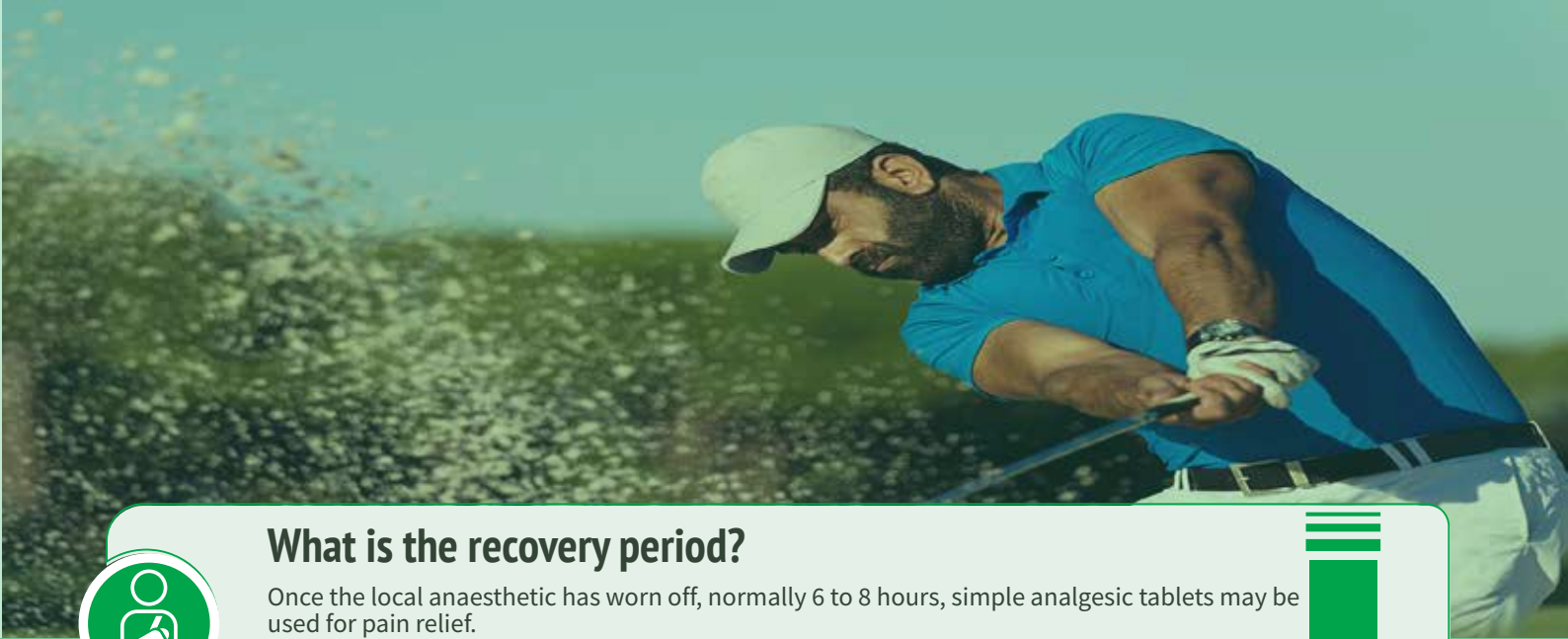


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What is the recovery period?

Once the local anaesthetic has worn off, normally 6 to 8 hours, simple analgesic tablets may be used for pain relief.

Bandaging is maintained for 5 to 7 days. Sutures are removed in the clinic at 10 to 14 days. The area should be kept dry and clean until then. Prior to this it's possible to shower by keeping the extremity dry with a plastic bag secured over the limb using an elastic band or a purpose made shower cover.

The hand and fingers should be used immediately, although heavy lifting and forceful use of the elbow will need to be avoided for three months.

Most pain and swelling should have settled within four weeks after surgery.

It may be possible to drive after two weeks.

When a patient is ready to return to work depends on their specific job role and may also vary from individual to individual. It may be possible to return to light keyboard work after 1 to 2 weeks. Heavy manual work should be avoided for a minimum of three months.

Normal return to sports, for example golf and tennis, may take about three months.



Are there any possible complications?

Over 90% of patients are satisfied with the results of surgery.

However, as with any treatment, there are always risks involved: Infection: 2% or less, Nerve injury: less than 1%, Chronic regional pain syndrome: 2%. Recurrent or persistent pain: 5% or less, Elbow stiffness: Rare.

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