

TENNIS ELBOW

Tennis elbow afflicts the common extensor muscle origin from the bony prominence on the outside of the elbow. It is a lack of healing response rather than inflammation itself of the tendons attached to bone that brings on the pain. The pain is typically activity related but can affect rest periods and night time sleep.

The sharp stabbing to dull aching is felt at the outer aspect of the elbow when lifting a weight. You should seek help to establish the diagnosis as there are other problems around the elbow that can mimic Tennis Elbow.

Pain killers do help but should be combined with an initial period of rest for at least 4 weeks to even 3 months and stretching of the extensor tendons. Hot or cold compresses can help. All of these can be better delivered under the watchful eye of a physiotherapist or your physician. It is imperative to warm up and stretch before any activity. With such an approach most tennis elbows settle as it is a self limiting disorder, most people are able to get back to playing sport.

In situations that this does not settle down over at least 3 to 6 months an early injection of a long acting steroid and local anesthetic can be given around the tendon to relieve the pain. Injections are repeated typically only 3-6 months apart.

In refractory situations a surgical referral may be necessary where other treatment modalities can be discussed including shock wave therapy in selected cases or very rarely surgery itself.

Surgery is straightforward and is done under general anaesthetic as a day case. You will need a week off work and start light duties from 7 to 10 days. Full recovery can take upto 4- 6 months.