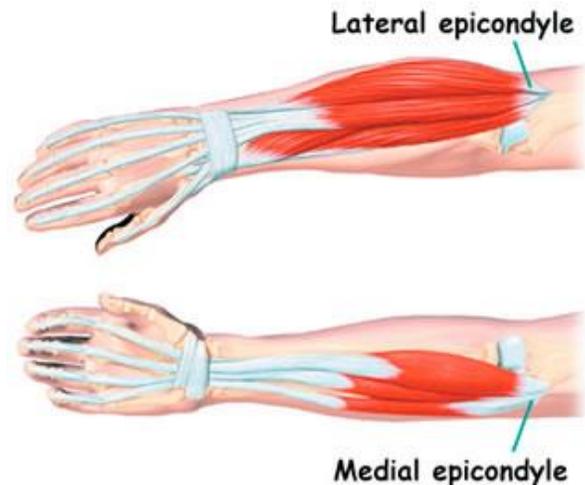


Medial/Lateral Epicondylitis- Also Known As **“Tennis” Or “Golfer’s” Elbow**



Epicondylitis refers to tendinitis at the tendon attachment site of elbow. The muscles used to flex or extend your elbow connect to a tendon which is directly attached to the bony prominences of your elbow. The tendons can become irritated at the bony attachment. In turn, this causes the pain and weakness in your forearm. This can occur along the inside (medial) or outside (lateral) attachment site. Initially, your physician will try resting these muscles along with regular regimens of ice, anti-inflammatories, and/or cortisone injections. However, if your symptoms continue or worsen surgery may be indicated.

SURGERY

During surgery, your surgeon will make an incision at the elbow to visualize the tendon. The area will be debrided and repaired. This procedure is usually performed under general anesthesia which means you will be asleep for the procedure. Your procedure will take approximately 2 hours- including recovery time. You will also be required to have a driver the day of surgery.



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WHAT TO EXPECT AFTER SURGERY

Depending on your job duties, you may be able to return to work under certain restrictions- provided you are no longer taking narcotic pain medication (You may ease into over the counter Tylenol, Ibuprofen, or Aleve for your symptoms as tolerated). You will need to avoid heavy lifting and submerging your hand in water. We suggest you speak with your employer regarding job demands to agree on an expected time of return.

Most patients utilize narcotic pain medication after surgery for the first couple of days. You may wean off the pain medication as tolerated once symptoms begin to subside. Your splint and bandages will cover your hand up your arm past your elbow but will leave your fingers free for movement. It is recommended that you keep your digits moving to prevent swelling after surgery; however, we suggest you refrain from any lifting until after your post-operative appointment. You may also experience some bruising and/or swelling. These symptoms may be alleviated through Ibuprofen or Aleve, elevation, and ice. (Please do not take additional Tylenol if you are taking narcotic pain medication; this already has Tylenol).

Your follow up visit with your surgeon is 7- 14 days after surgery. At this time your dressings and post-operative splint will be removed. Restrictions on what you can and cannot do will be given to you at that time. You should work on gentle finger, wrist and elbow motion but avoid any lifting, pushing, pulling, gripping or squeezing with the surgical arm. You will return to the office for follow up at 4- 6 weeks at which time therapy will be initiated.

Following your hand surgery, it may be difficult to open your medication bottles. If you prefer, you may request non-childproof bottles from your pharmacist when dropping off prescriptions. However, please consider the risks if you have small children in your home or if any small children may be accessible to these medications.

REASONS TO CALL OUR OFFICE

Your post-operative splint will allow for fluctuating swelling following surgery. However, if the splint feels too tight you may remove the outer wrap and replace this wrap with an ACE wrap that is less tight. This will be removed at your post-operative visit with your surgeon.

If you begin to experience difficulties with your custom-made splint please contact your occupational therapist so they may make appropriate adjustments. The occupational therapist is

Dr. J. Clint Walker, MD
If you have any questions, please call: (913) 381-5225



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aware that adjustments may need to be made over the course of time secondary to wear or fluctuating swelling.

Please contact the office if you wish to take extended time for recovery or if your job requirements do not allow you to return. You may file FMLA or Short-Term Disability paperwork. Contact our office at 913-652-6348 with any questions or concerns.

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