Tennis Elbow

Tennis elbow, otherwise known as lateral epicondylitis, is an overuse condition affecting the elbow, leading to inflammation of the tendons that join the forearm muscles on the outside of the elbow, causing a burning sensation, pain and tenderness in this area.

The forearm muscles and tendons near the elbow become damaged from overuse when repetitive motions are used, often at work or due to a particular sport. In most cases, like any other overuse injury, tennis elbow begins slowly, progressing over time.

CAUSES OF TENNIS ELBOW

Overuse injuries are the common cause of tennis elbow. Repetition of certain motions can put a strain on the tendons of the elbow, causing micro tears in these tendons. This leads to inflammation as the body attempts to heal itself. Over time, continued micro tears in the tendon can lead to tissue degeneration, leaving the tendon weakened and painful.

Contact us

George Surgical Centre, 2nd floor,
26 Gloucester Ave (Cul-de-Sac), George

(044) 0501352 (Bussiness hours)

info@gardenroutehandsurgeon.co.za

www.gardenroutehandsurgeon.co.za

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Operation & Rehabilitation Information

tennis elbow

HOW IS A TENNIS ELBOW TREATED?

The aim for treatment is to stop the tendon from degenerating any further and to help the tendon heal. Non-surgical treatment methods may include rest, ice, braces, splints and anti-inflammatory medications.
Hand therapy, extracorporeal shock wave therapy and steroid injections into the elbow joint may also be beneficial.

SURGERY FOR TENNIS ELBOW

In cases where the pain is not reduced through these methods, surgery may be advised. In these cases, surgery is aimed at removing the diseased tissue and reducing the tension on the tendon.

POST-OPERATIVE CARE & REHABILITATION

After surgery, the operated arm must be kept **clean and dry**. Swelling and tenderness may occur, for which **elevating** the hand will be useful. The **dressings** must remain in place until your first post-op visit with the therapist or surgeon, at which stage a custom-made **splint** will be applied and **therapy** will commence.

Numbness and tingling may occur while the sensation returns, but pain can be controlled effectively by taking **pain medication** before the local anaesthetic or nerve block wears off completely. **Return to function** will be guided by the therapist, with the focus on achieving independence as soon as possible.