

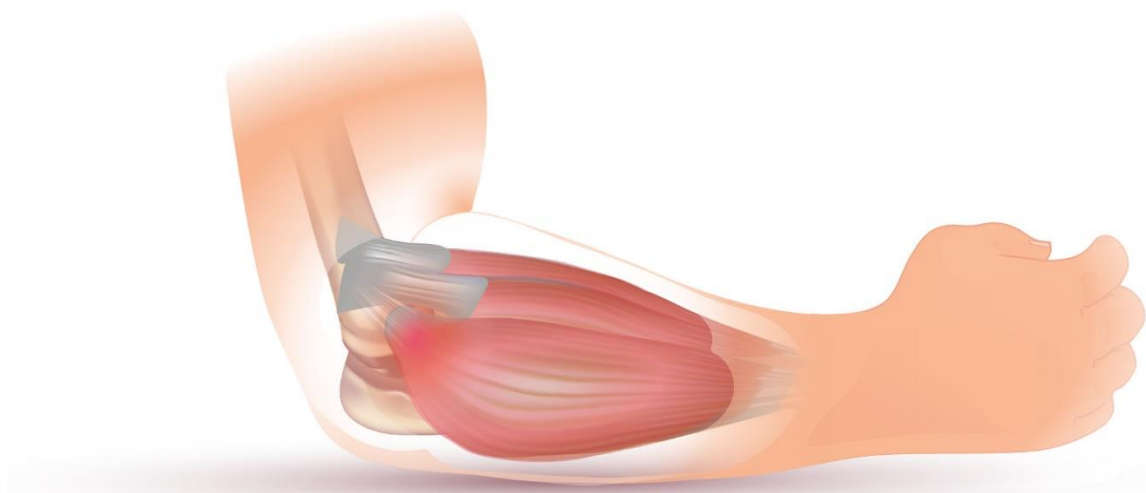
Orthopaedics

Tennis elbow (Lateral epicondylitis)

What is tennis elbow?

Tennis elbow develops when the tendon that joins the muscles in your forearm to the upper arm bone (the humerus) tears or becomes worn. The medical term for tennis elbow is lateral epicondylitis this is because the condition affects the bone on the outside of your elbow where the tendon attaches, called the lateral epicondyle.

Tennis elbow is a common condition that affects between 1 and 3 in 100 people.



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Patient Information

Who develops it?

Despite its name, this condition is rarely found in tennis players. Tennis elbow most frequently happens when after repeated overuse of your arm. This overuse causes the degeneration and tiny tears in the tendon.

Activities that involve repeated hand, wrist and forearm movements are often the cause of tennis elbow. This includes activities like using a screwdriver, using vibratory tools (such as a drill), or even using a computer keyboard.

Occasionally, tendon damage can happen after a single incident, such as lifting something heavy or taking part in an activity which you don't do very often, such as painting and decorating.

Symptoms

The main symptom is pain and tenderness on the outside of the elbow and sometimes in the muscles just below in the top of the forearm. Symptoms usually develop gradually.

The pain may be worsened when moving the wrist or while doing gripping and twisting activities, for example, turning a door handle or shaking hands. The pain may become constant in some people.

Treatment

There are several treatments available which aim to improve the healing of the tendon in tennis elbow. Your treating clinician will advise which they think will be of most help to you.

Self-help

To help with your recovery, you will need to change the way you use your arm. This is so that your tendon is rested and given time to heal.

How you do this will depend on how your tennis elbow developed and how severe it is. You can treat your symptoms yourself if you have mild tennis elbow. Some of the main self-help treatments are described in this leaflet.

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- **Rest:** the most important part of your treatment is to rest the injured tendon and elbow by stopping or changing the activities that are aggravating the problem.
- **Applying cold to reduce your pain:** for example, ice or a bag of frozen peas wrapped in a towel. In a new injury hold this against your elbow for 10 minutes every 2 hours (for the first 48 hours). In the days that follow an injury, you can use the ice pack for 10 minutes twice a day. Do not apply ice directly to your skin as it can damage your skin.
- **Strapping:** you can wear strapping or a splint around your forearm and elbow to help restrict the movement of your tendon and relieve the strain. Some people find that this helps. However, there is no evidence to show how well it works, and it is not advisable for long term use. You can buy arm braces from larger pharmacies and sports shops. Strapping and splints are designed for when you are using the arm. You should take strapping or a splint off when you are resting and at night time.

Medicines

You can take paracetamol to relieve the pain, and anti-inflammatory medicines, such as ibuprofen, to reduce inflammation. You can take ibuprofen in the form of a cream or gel that you put directly onto your skin, or you can take it as a tablet. Always read the patient information leaflet that comes with your medicine and if you have any questions, ask your pharmacist for advice.

Physiotherapy

Your doctor will refer you to a physiotherapist if they think physiotherapy will be beneficial. Your physiotherapist may try various techniques to reduce the pain. These may include exercises, stretches, deep tissue massage and acupuncture.

You may also be shown exercises to do that stretch your muscles and that can improve the movement and strength of your elbow and wrist. You should start these exercises as soon as possible after any injury, once your pain has eased. Your physiotherapist will be able to advise you on this.

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Your therapist can give you advice on how to prevent further episodes of tennis elbow. For example, warm up before activity with gentle movements, try not to do the same activity for long periods of time and take regular breaks.

Steroid injection

Your doctor may also suggest a steroid injection to help relieve pain and inflammation if your pain is severe or where other treatments have not helped. This is an injection of steroid and local anaesthetic directly into the area where your pain is. Multiple injections may not be beneficial and are generally not recommended.

Dry needling

Dry needling acupuncture aims to stimulate tendon healing, reduce pain and restore function. Needles are inserted into the painful area often with a local anaesthetic and sometimes under the guidance of an ultrasound scanning machine.

Platelet Rich Plasma (PRP) injections

This is an injection of your own platelets into the site of the tendon injury in an attempt to improve healing. Platelets contain growth factors which are thought to play a role in tendon repair and healing. This is a relatively new procedure and at this time there is only limited evidence to prove that it is effective. It is, however, a relatively quick and safe procedure and takes approximately 30 minutes.

A small sample of your blood is taken (similar to a blood test sample) and placed in a centrifuge that spins the blood at high speeds, separating the platelets from the other components. The concentrated PRP injection is then delivered into and around the point of pain. You will receive one or more injections, depending on your response to treatment and your consultant's treatment plan. It takes a few weeks for the discomfort to settle following the injection.

Surgery

Your surgeon may advise you to have surgery if your tendon is severely damaged, or if there has been no improvement after many months of rest and rehabilitation. However, few people need surgery.

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- Surgery is usually done as a day case under a general anaesthetic. The aim of surgery is to release the tendon from the bone.
- Following the surgery, your arm will be heavily bandaged for the first few days. After this is removed, you can exercise more freely to help regain movement in the wrist, fingers and thumb. You may be in a plaster for 2 to 3 weeks.
- Stitches are removed in 10 to 12 days. This is usually done by making an appointment at your GP practice.
- You may need to take painkillers and some patients may be referred to physiotherapy if necessary. Your surgeon will advise you.

Possible complications

- a scar on the skin surface that may be uncomfortable
- slight loss of the ability to extend (straighten) the arm
- infection - this can be treated with antibiotics
- nerve damage - this is very rare
- weakness in the arm or wrist

Finally, there is the risk that the treatment may not improve the tennis elbow condition. Approximately 25% of patients do not improve with surgery and 1 to 2% may be worse following surgery.

Before you come into hospital for your surgery, please make sure that you have removed all jewellery, especially rings on the arm/ hand that is to be operated on. Also please take off any nail varnish, gel, or false nails

How long will I be off work and when can I drive?

This is only a guideline as people recover at different rates:

- Light manual or desk work - 3 to 4 weeks
- Heavy manual - 6 to 8 weeks
- You can drive when you can make a full pain free fist, usually after a minimum of 2 weeks

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Complications

A small number of patients may experience the following problems:

- stiffness of the wrist, fingers, or thumb
- swelling
- pain, sometimes due to the nearby nerve becoming irritated
- infection

If you experience any problems, please contact your GP or the Day Surgery Unit.

For further information on your procedure please contact The Day Surgery Unit on 024 7696 6861 or 024 7696 6868.

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