

## A PATIENT EDUCATION GUIDE: TENNIS ELBOW & GOLFER'S ELBOW

This is a *brief* overview of what you, the patient, should know about **Tennis or Golfer's elbow**. If you have any questions, please write them down and bring them to your next consultation so Dr. Kassam can go through them with you in detail.

### What is Tennis Elbow?

Tennis elbow is also known as **lateral epicondylitis**. Lateral means “towards the outside”. The epicondyle is the bony point on the outside of the elbow and “itis” means inflammation. Therefore, tennis elbow is simply inflammation and pain that has developed around the tendons that attach on the outside of the elbow.

This is most often caused by repetitive motions, particularly the extension of the wrist (which is commonly done when using a tennis racquet, hence the name). This repetition causes strain and micro-tearing of the forearm tendon origin which leads to inflammation. This eventually causes changes to the tendon attachments on the cellular level and the subsequent breakdown causes pain, swelling and loss of grip strength. There is often point tenderness at the **Extensor Carpi Radialis Brevis (ECRB)** tendon origin, found at the lateral epicondyle. **Treatment is initially non-operative and can involve physical therapy, bracing and injections. When this fails, surgery is then performed.**

### What is Golfer's Elbow?

Golfer's elbow is also known as **medial epicondylitis**. Medial means “towards the inside”. Therefore, golfer's elbow is inflammation and pain that has developed around the tendons that attach near the bony point on the inside of the elbow.

Again, this is most often caused by repetitive motions, particularly the flexion of the wrist (which is commonly done when using a golf club). In a similar fashion to tennis elbow, this repetition causes strain and micro-tearing which leads to inflammation and changes to the tendon attachments on the cellular level. This breakdown causes pain, swelling and loss of grip strength. There is often point tenderness at the **Common Flexor Tendon (CFT)** origin, found at the medial epicondyle.

**While sometimes more difficult to treat than tennis elbow, treatment options are still initially non-operative and can involve physical therapy, bracing and injections. Surgery is reserved for refractory cases.**

## How are Tennis Elbow and Golfer's Elbow Treated?

Medial and lateral epicondylitis are both initially treated without surgery. The first steps in management include modification of activities, rest, ice, bracing and anti-inflammatory medications. Modifying activities that cause the pain, for a short period of time, is crucial. This will allow the inflammation to subside and micro-tears to heal on their own. Physical therapy that includes a regimen of stretching, active release therapy and eventual forearm strengthening exercises can provide significant benefit. This is usually done for 3-6 weeks.

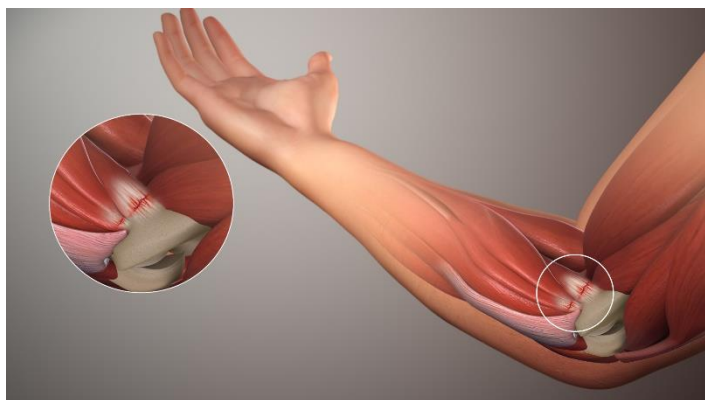
If this does not provide relief, the next step in treatment involves steroid injections. A mixture of steroid and a local anaesthetic is mixed together and injected around the point of maximal tenderness, underneath the affected tendon attachment. A second injection can be placed after a waiting period of approximately 4-6 weeks.

In refractory cases, surgery is used as a final step in treatment. This can be performed with either a traditional "open" approach or it can be done arthroscopically. The open treatment involves making a small 2-3 cm incision over the epicondyle and removing the affected tissue. Sometimes the tendon or common muscle attachment (particularly in golfer's elbow) must be repaired as well. The open approach is also used in situations where an arthroscopic treatment is attempted, but there is insufficient exposure to remove all the diseased tissue.

Arthroscopic surgery is also known as "key-hole" surgery. It is a minimally invasive way to address problems within the joint. It involves making **2 or 3, small (less than 1 cm) incisions** around the joint to insert a camera and tools that allow the surgery to be performed successfully.

The procedure involves inserting a camera into the elbow to properly identify the pathology and to see if there are any other problems that need to be addressed at the same time. Once the diseased area is identified, tools are used to debride and remove the tissue under camera guidance.

Below is a graphic representation of where the pain and inflammation in **tennis elbow (left)** and **golfer's elbow (right)** is located.



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## What should I expect when I have surgery?

### The Day Before Surgery

- You will receive a call from the hospital before surgery telling you what time you should arrive. It is normal to arrive several hours ahead of your scheduled time to allow for the check in process.
- **Do not eat or drink anything after midnight the night before surgery.** This includes water. You may take sips of water to swallow pills if required and cleared by your medical team. **Your surgery may need to be cancelled if you do not adhere to these instructions.**

### The Morning of Surgery

- Arrive to the hospital at your instructed time.
- If possible, arrive with a family member or friend who can assist with your check-in and help you remember any last-minute questions. There will be a place for family and friends to wait while you are in surgery. **You will require someone to take you home if you are leaving the same day of surgery.**
- A nurse will check you in.
- The anesthesia team will meet with you to discuss their plan for anesthesia during surgery and will be able to answer any questions you may have for them.

### After Surgery

#### *Hospital Stay*

- **Most of our patients leave the same day, several hours after surgery.**
- During this time your nurse and anaesthesia team will help to manage your post-operative pain. It is important to know that you will have some pain, but the medications should help make your pain manageable.
- **You will require someone to take you home if you are leaving the same day of surgery.**
- A Care Coordinator can be available to help, if you need any other services when you are discharged home.

#### *Home*

- You will be given a wrist split to prevent you from extending your wrist.
- Keep your bandage dry while bathing. This may require covering it with a plastic wrap (i.e. "press-and-seal") or taking sponge baths. Keep your dressing on for a minimum of 4-5 days.
- Do not use your operative arm to carry or lift anything heavy.
- No driving while you are taking your narcotic pain medications.
- Do your best to wean off your pain medications.
- If you received an ice machine please use as instructed to help reduce swelling. You may also use ice packs or bags. Do not use for longer than directed and always avoid direct skin contact.
- Follow your physical therapy instructions carefully if you have been given them.
- **You may begin moving your elbow right away.**

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## *Follow up*

- Your first follow up appointment is usually 10-14 days following surgery.
- At this visit we will discuss your progress and check your incision. We may also remove your sutures at this time
- We will determine if you are ready for outpatient physical therapy.
- If you are able to start physical therapy you will be given a referral with the specific instructions both you and your therapist should follow.

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I hope this has helped clarify some of your questions surrounding **Tennis and Golfer's Elbow**. As always, do not hesitate to ask questions and schedule a follow up appointment should you require any further discussion.

Best,



Hafiz F. Kassam MD, FRCSC



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