Duke Orthopaedics: Upper Extremity Division

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Lateral Epicondylitis Debridement

What is lateral epicondylitis (tennis elbow)?
Lateral epicondylitis is inflammation of the wrist extensor/supinator (turning your hand up) muscles. This is a type of tendonitis that is worse where the tendon attaches to the bone at the elbow. Most patient's symptoms improve over time and with conservative treatments, but some patients do require surgery.

What does Lateral Epicondylitis Debridement entail?
For lateral epicondyle debridement, Dr. Klifto makes an incision on the outside of your elbow. He then finds the tendons involved and debrides to healthy tissue. Depending on the extent of debridement he may complete a simple closure to repair tendons or may need to use a suture anchor to provide more stability of more extensive debridement was necessary. Dr. Klifto also checks the stability of the elbow and the ligament on the outside of the elbow near the location of the tendons to ensure no ligament repair is needed.

Length of Stay
This is same-day surgery not requiring hospital admission as long as there are no complications or other health comorbidities that require attention before discharge. You will need to have someone who can stay the entire length of the procedure and take you home.

Anesthesia
Patients usually have one of two types of anesthesia for this surgery. The first is general anesthesia, which means you are asleep. The second type of anesthesia is a nerve block with sedation so you will not remember the procedure. Your arm will be numb and will feel very strange. The nerve block will last approximately 12 hours. The anesthesiologist will speak to you on the day of surgery. The ultimate choice of anesthesia technique is up to you and your anesthesiologist.

Incisions
You will have an incision 2-3 inches long on the outside of your elbow. This is usually directly above or close to where the pain is from lateral epicondylitis.

Pain Control
You will have pain medication prescribed for you prior to discharge. After the nerve block wears off you will have post-surgical discomfort, so start your pain medicine when the block begins to wear off. Most of the pain is related to your very swollen elbow. That swelling should improve greatly in the first 24-48 hours after surgery.

Diet

The combination of anesthesia and pain medications can cause nausea in some patients. If you are prone to nausea or show signs of nausea prior to discharge, a prescription for an anti-nausea medication will be provided. You may wish to advance you diet slowly the day of surgery to avoid exacerbation of nausea. Surgery and the narcotic pain medications are very constipating. Your diet should include plenty of water, fiber, fresh fruits and vegetables.

Sling/Splint/Dressing

Your arm will be placed in a sling prior to leaving the operating room. You are to remain in your sling until the block wears off and as needed for comfort until your post-op visit. Some patients will be placed in a splint for approximately 1 week following surgery to allow the tendons to rest after repairing them following the surgery. If you are not in a splint, you will be in a soft bandage following surgery. After 3 days you may remove the dressings. There will be sutures (stitches) that will be taken out at your first post-operative appointment approximately 14 days after your surgery.

Physical Therapy

The elbow is a joint that becomes stiff very quickly. At your post-operative appointment 1-2 weeks after surgery, we will discuss beginning physical therapy. Some patients do not need physical therapy following this procedure, but most do to continue stretching and then strengthening the affected tendons/muscles.

Restrictions

Recovery from elbow arthroscopy is one to six months depending on procedure. During that time you will have restrictions on the use of your operative arm.

Day of surgery to Week 1: remain in splint (if applicable) and sling for comfort. Out of work for many occupations, but some patient with desk job may return to work. No use of operative elbow if in splint, but hand is free. If NO SPLINT, elbow, wrist, and hand freely movable. No lifting, pushing/pulling, or leaning on operative extremity.

Weeks 2-6: variable depending on reason for procedure

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