

Patient Information Leaflet

Tennis Elbow

Produced By: Orthopaedic Department

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If you require this leaflet in another language, large print or another format, please contact the Quality Team, telephone 01983 534850, who will advise you.

What is tennis elbow?

The attachment of the muscles on the outside of your elbow is inflamed. This gives you pain over the outside of the elbow. The pain may go down your forearm to your wrist. You do not have to play tennis to get tennis elbow.

What does the operation consist of?

We make a longitudinal cut about three inches long over the outside of your elbow. We lift off the muscles where they are attached to the bone. The muscles are left to reattach themselves further along the bone. This relaxes the muscles. We close the wound with stitches.

Are there any alternatives?

The initial treatment of tennis elbow is always non-operative. This includes steroid injections and physiotherapy. Your pain has persisted in spite of these treatments. Overall, operating is the best plan, to try to stop the pain.

What happens before the operation?

Giving your consent

Before a doctor or other health professional examines or treats you, they need your consent. Sometimes you can simply tell them whether you agree with their suggestions. However, sometimes a written record of your decision is helpful – for example if your treatment involves sedation or general anaesthesia. You'll then be asked to sign a consent form. If you later change your mind, you're entitled to withdraw consent – even after signing. In addition to this, please ask the staff looking after you if you require a sickness certificate. Your consent will frequently be taken in a pre-assessment clinic two to three weeks before the surgery.

Welcome to the ward

You will be welcomed to the ward by the nurses or the receptionist. You will have your details checked. You will be shown to your bed and will be asked to change into your nightwear. You will have some basic tests done, such as pulse, temperature, blood pressure and urine examination. Please bring any medicines or drugs you may be taking into hospital, so that your drug treatment in hospital is correct. Please tell the nurses of any allergies to drugs or dressings.

Visits by the surgical team

Your surgeon will come to you to take your consent, if it has not already been done, and to mark the site of the operation.

Visit by the anaesthetic team

One of the anaesthetists who will be giving you your anaesthetic will interview and examine you. The anaesthetist will be especially interested in chest troubles, dental treatment and any previous anaesthetics you have had, plus any anaesthetic problems within the family. Your anaesthetist may offer you a nerve block to help with post-operative pain control. Please ask freely if you have questions about this.

Smoking

Ideally, you should not smoke for a week before your operation. You should not smoke whilst in hospital.

Diet

You will be asked not to eat or drink anything for 6-12 hours before your operation. This will allow your stomach to empty, to prevent you from vomiting during your operation.

Preparation for going to the operating theatre

You will be asked to remove all jewellery, watches, make-up and nail varnish. Wedding rings can be covered with tape if you are not having an operation on the left elbow. You will be asked to take a bath or shower. We will give you antiseptic soap to use. You also have to remove any contact lenses and false teeth. The operation site will not be shaved on the ward. If this does prove necessary, we will shave it in the operating theatre.

Pre-medication

You may be given a sedative injection or tablets about 1 hour before the operation. This will relax you and may make you sleepy. Once you have had your pre-med., you must stay in bed. You should call for a nurse if you need assistance.

Transfer to theatre

You will be taken on a trolley to the operating suite by a ward nurse and a theatre porter. You will be wearing a cotton gown. There will be several checks on your details on the way to the anaesthetic room where your anaesthetic will begin.

Having a general anaesthetic

A general anaesthetic is given so that you are asleep during the operation. You will have an injection into a vein in your arm or hand, and you will go off to sleep. You will have only the haziest memory of going off to sleep, if at all. The operation is then performed.

What happens after the operation?

After the operation, you are taken on a trolley to the recovery ward. You will stay there for about half an hour. Then you go by trolley back to the ward.

Coming round after the anaesthetic

Although you will be conscious a minute or two after the operation ends, you are unlikely to remember anything until you are back in your bed on the ward. You may wake up with an oxygen mask on your face. This is to help you come round from the anaesthetic. You will have a plastic tube in your arm to give you a salt solution. You may have a fine plastic drainage tube coming out of the skin near the wound, connected to a container.

Warning after a General Anaesthetic

The drugs that we give for a general anaesthetic will make you clumsy, slow and forgetful for about 24 hours. This happens even if you feel quite alright. Do not make any important decisions for 24 hours after your general anaesthetic.

Will it hurt?

The wound may be painful. You will be given injections or tablets to control this. Ask for more if the pain is unpleasant. You will be given pain-killing medication to take home with you. After

this operation discomfort does often persist for up to three weeks and regular pain killers may be necessary.

Drinking and eating

You will be able to drink within an hour or two of the operation provided you are not feeling sick. The next day you should be able to manage normal food.

Going Home

You will go home on the day of the operation or the following day with your arm in a collar'n'cuff sling and a bandage over the elbow. You will be advised to contact your GP's nurse after a few days to reduce the bulk of the dressing. The sling will be used for between 10 and 21 days on the advice of your surgeon. Your GP's nurse will remove stitches at 10 days. You must then get the wound wet.

How long will I be in hospital?

This operation is frequently done as a day case, though a one night stay may occasionally be necessary.

Driving

You will not have free movement of the arm for several weeks after the operation. You may therefore be unable to drive for between four and six weeks.

Work

This depends on your job. If you can work one handed, you may be able to return to work two weeks after the operation. This also depends on you being able to get to work. If your job is manual, you will be unable to work for one or two months.

Complications

Wound infection sometimes happens, though it is not common. In a few people some of the tennis elbow symptoms remain. The success rate of the surgery is about 80%. Elbow joints have a tendency to stiffen after injury or surgery so ask your surgeon about when you should start to exercise it. Physiotherapy is not usually necessary.

Finally

If you have any queries or seek advice, make a note of them before you arrive at your next appointment. Alternatively, you may contact the Orthopaedic Nurse Specialists, 9am-5pm, Monday-Friday on 01983 534064.

Valuables should not be brought into the hospital. If patients have to bring in valuable items they should ask a nurse to store them safely and request a receipt for the items. You may not be able to have the valuable items returned if the time of discharge from hospital is out of hours.

We are sorry but the Trust cannot accept responsibility for loss or damage to items not given for safe keeping.

You can get further information on all sorts of health issues through NHS interactive available through Sky TV or online at: <http://www.nhsdirect.nhs.uk/>

For Health advice and out of hours GP service please call the NHS 111 service on: 111

We Value Your Views On Our Service

If you wish to comment on the care which you, your relative or friend has received, we will be pleased to hear from you. Please speak to the person in charge of the ward, clinic or service in the first instance or ask them to contact the Quality Team. If you wish to contact them directly, telephone on 534850.

Alternatively you may prefer to write to:

Chief Executive
Isle Of Wight NHS Trust
St Mary's Hospital
Newport
Isle of Wight
PO30 5TG

You can also share any concerns you have about our services with the Care Quality Commission (CQC) on 03000 61 61 61 or at enquires@cqc.org.uk

All NHS sites are no smoking areas.

If you would like help and advice to stop smoking please call: Freephone 0800 169 0 169 to talk to the NHS Smoking Helpline.

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