



British
Orthopaedic
Association

AFFIX PATIENT DETAIL STICKER
HERE

NHS Organisation.....

Forename.....

Responsible surgeon.....

Surname.....

Job Title.....

Hospital Number.....

D.O.B...../...../.....

No special requirements ☐

OPERATION:TENNIS ELBOW RELEASE

PROCEDURE: Tennis elbow is a painful condition of the muscles and tendons on the outside of the arm – just at the elbow. Anybody may get “tennis elbow” and not just tennis players.

Tennis elbow leaves you with pain, weakness and less movement in the forearm muscles which can not take the stresses placed on it.

You may already have tried other options for treatment, and you and your surgeon have come to the joint decision to have surgery. They may have suggested a tennis elbow release. This takes the tension off the tendons.

The procedure can usually be performed as a day case. The surgeon will see you before the operation and mark the troubled elbow with a felt tip pen – this is to make sure the correct arm is operated on.

The procedure is may be performed under a general anaesthetic (while you are asleep) or a regional anaesthetic (where an area is numbed but you are awake). The anaesthetist will talk to you about this.

While you are asleep, a tourniquet may placed around the top of the arm. This will limit the amount of blood loss and is important.

The surgeon will clean your skin with antiseptic and place sterile drapes (towels) around the area to be operated. A cut is then made over the trouble area where the tendons come from. This is usually a curved cut no longer than 5 – 7 cm.

The point from which the tendons come from is then removed from the bone (which are then cleaned of any lumps or scar tissue). When finished, the skin is closed with stitches. Some surgeons will use stitches under the skin which will dissolvable, others will use those above the skin, which may be either dissolvable or non-dissolvable (this will need to be removed in 10-14 days).

When you wake up, you will have a bandage around the arm. This can be removed in 2 days, but the white sticky plaster should be kept on and the wound kept clean and dry.

You will more than likely need to have pain-killers for the first few days after the operation as the elbow will be sore.

You may to gently start to use the arm and increase this gradually – however, you should avoid heavy use for 6 weeks. Full recovery can take up to 3 months, longer for full return to sports.

please be aware that a surgeon other than the consultant, but with adequate training or supervision may perform the procedure

ALTERNATIVE PROCEDURE: There are various non-operative treatments available. These include reducing the inflammation (swelling) by simply resting the elbow. Using an ice pack and pain-killers (such as ibuprofen) is also helpful at this time.

A special tennis elbow brace, which can be bought from sports shops has also been successful.

Your doctor or surgeon may also recommend a course of physiotherapy – they will teach you exercises to try and strengthen or stretch the forearm muscles or use an ultrasound machine to limit the inflammation (swelling). They can also show you how to avoid irritating or putting stress on the tendons.

Finally your surgeon may also recommend a steroid injection into the muscle.

RISKS

As with all procedures, this carries some risks and complications.

COMMON (1-5%)

Pain: the procedure does involve moving soft tissue and will hurt afterwards. It is important to discuss this with the staff and ask for pain killers if needed.

Infection: This may present as redness, discharge or temperature around the flap or donor site. A course of antibiotics may be necessary once the source/ bug has been found.

RARE (<1%)

Hypertrophic/ keloid scar: These are scars which grow excessively (within the wound margin and beyond respectively). They occur in some people and can not be predicted although if you have a previous keloid scar you are at

greater risk. Scars may be treated with steroid injection or surgically if necessary.

Delayed wound healing: may occur if the wound is under tension, infected or short of blood supply.

Fat necrosis: this is also a cause of delayed wound healing.

Delayed return to activity: Your recovery can be variable and you may have to stay away from sport/ gardening or other strenuous activity for a long period. You will also have to get back to normal activity gradually. A course of physiotherapy may also be of use after the operation.

Nerve damage: there are very few major nerves around this area. Rarely, you may experience numbness around the scar site.

Decreased function: You may never have as much strength, movement or function as you once had.

Posterolateral Elbow Instability: this results from injury to the ligaments (stabilisers of the elbow). It means the elbow feels less stable

Confirmation of consent :

I have read/ understand the procedure, risks and complications. I have asked any questions and raised any immediate concerns I might have. I understand another surgeon other than my consultant may perform the operation.(although they will have adequate training/ supervision).

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

Signature.....

Print name.....

Date...../.../20...

2nd Confirmation..... .Date...../.....20....

NAME of SURGEON (Capital letters).....

SIGNATURE of SURGEON.....

POSITION.....



I also give consent for my notes and data to be used in any studies and trials in the future ☐