

**St. George's Shoulder Unit
Patient Information**

**SHOULDER ARTHROSCOPY
&
ANTERIOR STABILISATION**

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This information booklet has been produced to help you obtain the maximum benefit from your operation. It is not a substitute for professional medical care and should be used in association with treatment at the orthopaedic clinic. Individual variations requiring specific instructions not mentioned here may be required.

If your wound changes appearance, weeps fluid or pus, or you feel unwell with a high temperature, during office hours please contact our PA. Alternatively contact the hospital where you had your operation in the first instance.

Who to contact if you are worried or require further information.

PA at St. George's Hospital: 0208 725 2032

SWLEOC: 01372 735800

Patient information sheet

Tennis Elbow Release

What is the problem?

The attachment of the tendons of the back of the forearm (the extensor tendons) can become chronically inflamed. This produces pain over the outer point of the elbow (the lateral epicondyle). This pain is typically worse with activity e.g. tennis, driving, carrying a briefcase.

Treatment Options

The initial treatment is conservative. Exercises to stretch the elbow and wrist and strengthen the muscles under the guidance of the physiotherapists are the main form of treatment. This is successful in 80% of cases. Cortisone injections can be used if the pain is particularly bad. Should these measures not work then surgical release can produce relief in 80% of the remaining cases.

Purpose of the operation

To reduce pain.

The procedure

The operation requires a general anaesthetic

A 5cm incision will be made of the lateral epicondyle (the site of tenderness). The tendon attachment will be released from the bone and the car tissue excised.

The incision will be closed with a dissolving stitch under the skin and paper stitches "Steristrips" with a small dressing over the top. A wool and crepe bandage will be wrapped over the top.

Risks

All surgical procedures have some element of risk attached. The risks outlined below are the most common or most significant that have been reported.

Continued pain

There is a 20% chance that some pain will remain.

Infection: less than 0.1%

If an infection does occur it is usually superficial in the wounds and is easily treated with antibiotics

Rarely the infection can be deep inside the joint and this requires surgery to wash the joint out.

Stiffness

There is a small chance that the elbow will become slightly stiff as a result of surgery. This is usually only a few degrees and is not a significant problem.

What is going to happen?

The day of surgery

You will be asked not to eat or drink anything for 6 hours prior to surgery.

You will be admitted to the hospital a couple of hours before the operation and the nurse will ensure that you are fit and prepared. The surgeon will go over the operation again with you and ask you to sign a consent form (see above for consent). The arm to be operated on will then be marked with an indelible marker.

The anaesthetist will then come and discuss the anaesthetic. When it is time for surgery you will be taken on the trolley round to the operating theatre.

After the surgery you will be taken to a recovery ward where the nurses will observe you while you wake up from the anaesthetic. Once you are fully awake you will be taken back to the ward. As soon as you feel comfortable you may go home. You will need to have an adult with you at home as you will still be slightly under the effect of the anaesthetic even if you feel fine.

1st Postop week

Remove the bulky dressing the day after surgery. Leave the small dressing alone for a couple of weeks.

You may shower but do not soak the dressing

You must work hard to stretch out the elbow and retain the range of motion.

You will be seen in the clinic 2-3 weeks following surgery.

The wounds will be inspected and further instructions for exercises given.

A referral will be made to physiotherapy to start stretching and strengthening exercises.

Arrangements will be made for further outpatients appointments.

Frequently asked Questions

When can I shower?

As soon as you have removed the bulky dressing.

When will I be seen in clinic after the operation?

You will be seen at approximately 3 weeks post surgery. Later appointments will be determined by your progress.

When can I drive?

As soon as you feel comfortable. This is usually 2-4 weeks.

When can I return to sports?

Most people are able to return to light sports at about 8 weeks. More intense activity (contact sports, weightlifting) may take 8 weeks or more.

When can I return to work?

Is the job physical?

Does the job require the operated arm?

Do I drive to get to work?

As a general rule if you can get to work you can resume a sedentary job within the week. Physical jobs will require at least 6-8 weeks.

How will I know if the operation has worked?

It will take several weeks to months before you notice the full benefit of the operation and it may well be worse before it gets better.