

## A Patient Education Guide: GOLFER'S ELBOW

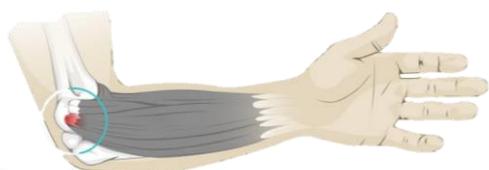
*This is a brief overview of what you, the patient, should know about Golfer's Elbow. If you have any questions, please write them down and bring them to your next consultation so I can go through them with you in detail.*

### WHAT IS GOLFER'S ELBOW?

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*Medial epicondylitis*, also known as Golfer's Elbow, is inflammation located around the tendons that attach to the *inside* of the elbow.

Repetitive motions, particularly the wrist's flexion (commonly done when using a golf club), cause strain and micro-tearing of the forearm tendon. This "wear and tear" eventually causes changes to the tendon attachments on the cellular level which results in pain, swelling, and loss of grip strength. Patients with Golfer's Elbow often report point tenderness at the Common Flexor Tendon (CFT) origin, found at the medial epicondyle.



Golfer's Elbow

Initially, treatment options for Golfer's Elbow are non-operative and can involve physical therapy, bracing, and an injection. Surgery is reserved for refractory cases.

### Tennis Elbow

Golfer's Elbow is often confused with Tennis Elbow. These conditions are nearly identical in nature and are frequently experienced at the same time. Tennis Elbow, or *lateral epicondylitis*, is inflammation located around the tendons that attach to the *outside* of the elbow.

Inflammation is often caused by repetitive motions, particularly the extension of the wrist which is commonly done when using a tennis racquet. This "wear and tear" eventually causes changes to the tendon attachments on the cellular level which results in pain, swelling, and loss of grip strength. Patients with Tennis Elbow often report point tenderness at the Extensor Carpi Radialis Brevis (ECRB) tendon origin, found at the lateral epicondyle.

Initially, treatment options for Tennis Elbow are non-operative and can involve physical therapy, bracing, and an injection. When this fails, surgery is then performed.



Tennis Elbow

## HOW IS GOLFER'S ELBOW TREATED?

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### Non-Operative Care

Golfer's Elbow is initially treated without surgery. The first steps in management include modification of activities, rest, ice, bracing and anti-inflammatory medications. Modifying activities that cause pain 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 benefits. This is usually done for 6-8 weeks.

If this does not provide relief, the next step in treatment involves a steroid injection. A mixture of steroids and a local anesthetic is injected around the point of maximal tenderness, underneath the affected tendon attachment. We do not perform multiple injections as this can cause damage to the underlying tissue and make the problem worse.

### Surgery

In refractory cases, surgery is used as a final step in treatment. The treatment involves making a small 2-3 cm incision over the epicondyle and removing the affected tissue. The tendon and common muscle attachment must be repaired as well. After surgery, you will be placed into a plaster splint and a wrist brace to protect the repair. You will come out of the splint two weeks after surgery. You will need to wear the removable wrist brace for 6-8 weeks after surgery.

## WHAT SHOULD I EXPECT?

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### Before Surgery

- You may need medical clearance from your medical specialist (primary care doctor, cardiologist, etc.) before surgery.
- Our office will contact you to book your surgical time and location. Typically, outpatient (same day) surgeries are done at the Hoag Orthopedic Institute (HOI) Surgery Center in Newport Beach and in-patient (overnight) procedures are done at the HOI Hospital in Irvine.
- You will receive a confirmation call from the hospital a few days before surgery telling you at what time you should arrive. They will usually go over last-minute details such as hygiene tips, and let you know which medications to bring. 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.** You may take sips of water to swallow pills if required and cleared by your medical team. **Your surgery may need to be canceled if you do not adhere to these instructions.**

### Morning of Surgery

- Arrive at the hospital or surgery center 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.**
- Dr. Kassam will meet with you before you enter the operating room to answer any questions and perform an initial safety check.
- The anesthesia team will meet with you to discuss their anesthesia plan during surgery and be able to answer any questions you may have for them.

### After Surgery

#### *Hospital Stay*

- Most patients having arthroscopic surgery leave the same day, several hours after surgery.
- During this time, your nurse and anesthesia 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 need someone to take you home.
- A Care Coordinator can be available to help if you need any other services when you are discharged home.

#### *Home*

- **Wear your sling at all times except for bathing and doing your gentle post-operative exercises.** These exercises include moving your hand and wrist. You should do this 3-4 times a day.
- Keep your plaster splint dry while bathing. This may require covering it with a plastic wrap (i.e., “press-and-seal”) or taking sponge baths.
- **Do not use your operative arm to carry or lift anything.** Do not use your operative arm to push yourself up from a chair or when getting off the toilet.
- **No driving while using your sling and while you are taking your narcotic pain medications.**
- Do your best to wean off your narcotic pain medications. Over-the-counter medications such as Tylenol and Ibuprofen can be very helpful.

- Many people are most comfortable sleeping in a more upright position after surgery. You can opt to sleep in a recliner or prop yourself up on pillows in bed. **You need to wear your sling while sleeping.**
- If you received an ice machine, please use it 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 initial physical therapy instructions carefully if you have been given them.

#### *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 take x-rays. We may also remove your sutures/staples at this time
- We will determine if you are ready for outpatient physical therapy.
- If you can start physical therapy, you will be given a referral with the specific instructions both you and your therapist should follow.
- We will then book your next follow-up visit before you leave, which is typically 4-6 weeks later.

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*I hope this has helped clarify some of your questions surrounding Golfer's Elbow. You can find additional resources including video demonstrations at [www.NewportShoulder.com](http://www.NewportShoulder.com).*

*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*

