



ANDREWS

Sports Medicine & Orthopaedic Center

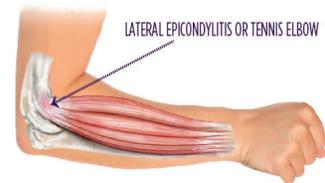
Elbow Tenotomy with Topaz Microdebrider

Ricardo E. Colberg, MD

Andrews Sports Medicine & Orthopaedic Center

What is Lateral Epicondylitis?

The common extensor tendon is a tendon that starts at the outside of the elbow (specifically, the lateral epicondyle) and extends toward the wrist. It serves to attach the muscles that extend the wrist to the elbow bone. In some cases, this tendon can develop a chronic strain that causes pain with gripping and lifting. This condition is known as lateral epicondylitis, or more commonly, “Tennis Elbow”. In addition, the chronic strain causes the common extensor tendon to swell with inflammation and become weak.



What causes Lateral Epicondylitis?

There are multiple causes of lateral epicondylitis. The most common causes are: heavy or repetitive lifting and gripping during work activities or sports, having weakness in the muscles of the forearm and wrist, and having tightness in the forearm muscles.

What are conservative treatments for Lateral Epicondylitis?

Frequently, the patient is offered a course of physical therapy to strengthen the forearm muscles and stimulate blood flow to the injured area. In addition, anti-inflammatory medications and/or a steroid injection may be offered to treat the pain and inflammation. An elbow or wrist brace may also be offered.

Is there a “permanent fix” or a surgical option for Lateral Epicondylitis?

Surgery through an open incision has prolonged recovery due to the wound healing, and in some cases outcomes are poor given that the surgery does not fully treat all of the inflammation. Now, there is a minimally invasive procedure that can offer full symptom relief **in up to 90% of cases** and does not require a surgical incision. It is called a common extensor tendon tenotomy and debridement using the Topaz microdebrider. This procedure consists of using a cauterizing needle to get rid of the inflammation and stimulate the tendon to heal. There is no incision with a scalpel so the recovery is much quicker. Typically, the patient will start using the arm one week after the procedure and wear a wrist brace for two weeks. A course of physical therapy is recommended after the procedure to ensure the tendon heals appropriately.



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Pre-Procedure Instructions

1. Stop anti-inflammatory (NSAIDs) medications 3 days prior to procedure (e.g. ibuprofen, naproxen, etc.). In addition, do not take or use any steroid based medications (e.g. medrol pack, cortisone injection, etc) for at least 2 weeks prior to the procedure.
2. In some cases, you may need to stop blood thinners (e.g. Aspirin, Plavix, Coumadin, etc.) 7 days prior to procedure. You must discuss this with Dr Colberg, as well as your cardiologist or primary doctor and obtain approval. Other daily medications may be taken normally as directed.
3. Arrange for a friend or family member to provide transportation for you on the day of the procedure. Post-procedure pain and anesthesia will interfere with your ability to drive.

Post-Procedure Instructions

1. Specific post-procedure instructions will be reviewed and provided at the surgery center. Make sure you do not leave without the instructions. Also, if you were given a sling and wrist brace in the clinic prior to the procedure, make sure you bring them to the surgery center.
2. Blood thinners (e.g. Aspirin, Plavix, Coumadin, etc.) may be resumed 24 hours after the procedure.
3. Avoid anti-inflammatory medications for 2 weeks (e.g. ibuprofen, naproxen, etc.).
4. Increased irritation in the affected area may occur. This is part of the healing process. Ice the affected area three to four times per day for 15 minutes for the next three days. You may take Extra Strength Acetaminophen as needed for pain or the prescribed pain medication.
5. If you develop fever, persistent redness and swelling at the site of injection, call Dr. Colberg's office at (205) 939-3699. These may be a sign of infection.