

Tennis Elbow

Management Options

Brief Decision Aid

There are **six** options for the management of tennis elbow:

- **Watchful waiting** - seeing how things go with no active treatment.
- **Pain relief** - in the form of ice, creams/gels, tablets or patches.
- **Supports** - usually in the form of a supportive strap called an epiclasp.
- **Physiotherapy** - can use a variety of treatments.
- **Injection** - most commonly with steroid. Other types of injection such as injecting a sample of the patient's own blood (autologous blood) are being trialled.
- **Surgery** - a hospital procedure that is usually only considered if other options have not worked well and symptoms have been present for over 12 months.

Benefits and risks of watchful waiting

Treatment Option	Benefits	Risks or Consequences
Watchful waiting no active treatment Resting the arm and avoiding doing things that make it worse.	Pain from tennis elbow usually lasts for six to twelve weeks. In some people it can go after as little as three weeks. It is likely to settle quicker if you can avoid any activities that bring on symptoms. No side effects or hospital treatment - can choose another option at any time.	However, in 20 in a 100 people, pain can last for between six months to two years. Unfortunately, once you have had tennis elbow, it may return. It may already have an impact on your life and wellbeing. It can be very hard to rest it!

Benefits and risks of pain relief - these can sometimes be used in combination

Treatment Option	Benefits	Risks or Consequences
Ice Ice cubes in plastic bag on the elbow for 10minutes repeatedly.	Simple and will ease pain for a while. Avoids potential side-effects from medication.	Need to be prepared to apply it for up to 10 minutes at a time. Often need to repeat as relief does not last very long.
Topical NSAIDs non-steroid anti-inflammatory drugs like ibuprofen. as a gel.	Can reduce pain a little. Less risk of side-effects compared to oral NSAIDs.	Rarely, the gel can irritate the skin.
Oral NSAIDs Non-steroid anti-inflammatory drugs like ibuprofen as a tablet.	Sometimes helps to ease the pain.	Gut side effects are common (other medication can be added to protect the stomach if necessary). Bleeding from the stomach is the most serious side effect. Some people with asthma, high blood pressure, kidney problems and heart failure may not be able to take NSAIDs.

<p>Nitrate (GTN) patches This is applied to the skin over the elbow daily.</p>	<p>Can help to reduce pain over 1-3 months.</p> <p>One trial showed 80 in 100 people pain free after six months compared with only 60 in 100 who had tendon rehabilitation (physiotherapy).</p>	<p>20 in 100 people will not be better after six months of treatment.</p> <p>Potential side effects include headaches, dizziness and low blood pressure.</p>
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Benefits and risks of supports

Treatment Option	Benefits	Risks or Consequences
<p>Epiclasp Small disc of plastic with a Velcro strap that is fastened round the arm just below the elbow.</p>	<p>Can help to reduce pain by taking the pressure away from the tendon insertion.</p> <p>This may help to allow natural healing.</p>	<p>Some people do not find this helpful.</p> <p>Some people find it uncomfortable to wear.</p>

Benefits and risks of physiotherapy

Treatment Option	Benefits	Risks or Consequences
<p>Physiotherapy Can use a variety of treatments including rehabilitation exercises, soft tissue massage, ultrasound, laser therapy, shockwave therapy, acupuncture, nerve mobilisations.</p>	<p>There is some evidence that rehabilitation exercises can help the tendon to repair and therefore improve the chances of long-term benefit.</p> <p>Low level laser treatment may be effective in the short term.</p>	<p>Requires time and effort from you, and repeated visits to physiotherapist.</p> <p>Most physiotherapy treatments have uncertain effectiveness</p>

Benefits and risks of injection

Treatment Option	Benefits	Risks or Consequences
<p>Steroid (cortisone) injection This is injected right into the tender area.</p>	<p>In the short term often helps to reduce the pain. In one study 92 in a 100 people given an injection had reduced pain compared to 34 in 100 with placebo (dummy injection).</p> <p>It can be useful if you absolutely have to be able to use the arm in the near future.</p>	<p>A number of studies have shown that, for many people, the pain tends to come back, and the problem may recur more often than for other treatments.</p> <p>It is often quite a painful injection, and can ache for a few days.</p> <p>Potential side-effects include infection, atrophy (shrinking) of the fatty tissue under the skin, change in skin colour, bruising, bleeding.</p>
<p>Injecting part of your own blood This procedure is generally only considered if other treatments have failed as research is ongoing.</p>	<p>Long term outcomes may be better than steroid injection.</p> <p>It is thought that blood helps to heal the tendon.</p>	<p>Not enough evidence to suggest better than other treatments to date.</p> <p>Often painful injections.</p> <p>May require more than one hospital visit.</p> <p>Potential side-effects include infection, bruising, and bleeding.</p> <p>May not even be available locally.</p>

Benefits and risks of surgery

Treatment Option	Benefits	Risks or Consequences
Surgery Only considered if other treatments have failed and symptoms have been present for over 12 months. Involves an incision and release of the tendon.	70-80 people in 100 are satisfied with the outcome.	20-30 people in 100 are not satisfied with the outcome. It can take up to six months to fully recover from the operation. Potential side-effects include infection and a small risk of damage to other structures e.g. nerves or blood vessels. Usually reserved for people who have more severe and more longstanding problems.

In making a decision you need to ask yourself - What is important to me? This leaflet and your health professional can tell you the evidence and give their suggestions but you need to make a decision that is right for you. What are your preferences?

You might like to think about:

- Is it important to get some immediate relief?
- Will I use treatments that have to be continued with for a while?
- How likely is it that I will continue with exercises?
- What do I feel about taking medications?
- Am I prepared to see a physiotherapist on a number of occasions?

Brief Decision Aids are designed to help you answer three questions: **Do I have options? What are the benefits and risks of these options, (and how likely are they)? How can we make a decision together that is right for me?**