SURGICAL INDICATIONS

LATERAL AND MEDIAL EPICONDYLITIS

Lateral epicondylitis or tennis elbow is a painful elbow condition that can come with over use of the wrist and finger extensors. Medial epicondylitis or golfer's elbow is a painful elbow condition characterized by over used and worn wrist flexor and pronator muscle tendons.

Both lateral and medial epicondylitis do very well with non operative treatment. Four to six months of convervative treatment will lead to a resolution of symptoms in the majority of patients.
Non operative treatment includes avoiding painful activities and rest, the occasional use of ice and anti-inflammatory medication (advil, motrin), the use of a brace, and physiotherapy. Injections of substances like PRP and occasionally cortisone can also be part of the arsenal used before attempting surgery.

Surgery is reserved for patients who:
Have failed conservative treatment for 3-6 months, have severe symptoms, or have moderate symptoms but only if they avoid all physical activities. Severe symptoms include pain at rest, pain that prevents work and/or sleep. Severe pain is typically 5/10 or more in intensity and interferes with many daily activities.

Those with mild symptoms typically have pain that is 1-3/10 in intensity and occurs only occasionally (1-2x/week) and interfere with a few easily avoidable activities. Patients with mild symptoms are usually not good surgical candidates as this kind of pain is often not relieved by surgery and may occasionally be slightly worsened by it.

THE UNSTABLE ELBOW

The elbow that dislocates for the first time may need stabilizing surgery, if it is associated with a fracture. The orthopedic surgeon on call will advise you if this is your case after reviewing your x-rays. The elbow that has a second dislocation almost always needs surgery for stability.

CARPAL TUNNEL

Carpal tunnel syndrome arises when the median nerve is overly squeezed as it courses through the wrist. The tightening of its path through the wrist is most often gradual and can lead to bothersome hand numbness with activity and at night. Occasional hand numbness is not dangerous and can often be controlled and cured with night splinting. We recommend an EMG to confirm the diagnosis and surgical decompression if symptoms interfere with sleep, daily activities or work. We strongly recommend surgery if there is constant numbness to prevent permanent hand weakness.

TRIGGER FINGERS

Trigger fingers arise when flexor tendons are overly compressed as they course the hand. The fingers can stay stuck in flexion resulting pain and the need to manually straighten them. This condition is often worse after periods of inactivity such as in the early morning hours after a night's rest. Dequervain's syndrome arises when the thumb extension and abduction tendons are overly squeezed at the wrist and cause pain. The initial treatment of trigger fingers and dequervain's syndrome is a cortisone injection. The injection cures the problem in around half of the patients. We recommend surgical intervention for those patients who fail to improve after an injection. If the painful finger also moves very little due to the squeezing, we recommend surgery as the first line treatment as the injection rarely works in this scenario.