

GENERAL

The surgeries, unless otherwise specified are **day procedures**. That is to say, you arrive at the hospital early in the morning and stay until late afternoon but do not stay overnight. The pain scale used below uses 0 on 10 to denote no pain and 10 on 10 to denote maximal pain.

LATERAL AND MEDIAL EPICONDYLITIS RELEASE

Dr Grondin will see you between 2 and 21 days after the operation, at 4-5 months, and at 6-8 months after the operation to ensure your rehabilitation is progressing well.

USUAL POST OPERATIVE COURSE

It is normal to have more pain than prior to the operation for the first month. The pain should be relieved with ice and medication and gradually be decreasing in intensity over time. Typically after the second month, one is still a little worse than prior to the operation, one starts to feel slightly better than before the operation by the end of the third month, and **finally only after four months is it noticeably better in most**. For some this significant improvement comes before, while it comes later for others. The bulk of the improvement occurs between 4 and 8 months for most but improvement continues for the first 2 years.

After 4 to 8 months, pain that prevents sleep, pain at rest and pain with light activities generally disappears. Pain with prolonged physical activities usually persists albeit at a much lower intensity than before the intervention. If the pain was an 8 on 10 prior to the operation, it typically falls to a 2 on 10 and not zero on ten. Pain is often multi-factorial and subjective so results can vary from one individual to another. Good results are not obtained by all. **In a typical population with an 8 on 10 pain prior to the intervention, 75% will feel more or less 75% better. 10% will feel a little better, 14% will feel slightly worse, and 1% will feel worse.**

RETURN TO WORK

For those who were working prior to the operation and have a sedentary job: at 2 to 4 months

For those who were unable to work prior to the operation and have a sedentary job: 4 to 6 months

For those who were working prior to the operation and have a physical job: 4 to 6 months

For those who were not working prior to the operation and have a physical job: at 6 months

RETURN TO WORK WITH RESTRICTIONS

For those that couldn't work due to the elbow pain prior to the operation, returning to work without restrictions is often not possible after the operation despite the pain being much better. In CSST cases, return to work without any restrictions occurs in less than half. It is more than half in cases not involving the CSST. Typically the restrictions that allow the patient to work post operatively are: No lifting objects that weight more than 10 to 20 lbs, avoiding work with the elbow completely straight and avoiding repetitive work especially in the pronated position (the forearm is pronated when the hand faces the floor and supinated when the hand faces the ceiling).

CARPAL TUNNEL

In the majority of cases, patients have a complete resolution of the hand numbness within 24 hours after the surgery. For a small percentage of cases, the numbness may take 1-3 months to disappear. It is normal for the incision to be tender for the first 2-4 months improving progressively. Return to work is at between 2 weeks for light work and 2 months for physical work. At 3 months, the satisfaction rate is between 80 and 90% in most. From 1-5% of patients may be worse than prior to the operation, due to reflex dystrophy, infection or persistence of symptoms.

TRIGGER FINGER AND DEQUERVAIN'S TENOSYNOVITIS

Triggering is relieved within the first 24 hours after the surgery in most. It is normal for the incision to be tender for the first 2-4 months, improving progressively. Return to work is at between 2 weeks for light work and 2 months for physical work. At 3 months, the satisfaction rate is between 80 and 90% in most. One to five percent of patients may be worse due to reflex dystrophy, infection or persistence of symptoms.