

Golfer's Elbow Release

At-a-glance recovery. Pooled from 10 published studies — your own pace will vary.

LIGHT DUTIES	MOST EVERYDAY ACTIVITIES	FINAL OUTCOME PLATEAU
desk work, driving, daily tasks	manual work, sport, gym	pain and strength
1-2 weeks	3 months	6-18 months
A soft dressing and early motion; desk work within days and light use within a week or two.	Progressive loading from about week 4; gripping and manual work usually comfortable by about 3 months.	Tendon remodelling is slow — the protocol is explicit that full settling takes 6 to 18 months even though day-to-day function returns much sooner.

Why this operation has been suggested

Dr Kieran Hirpara, an upper-limb surgeon at Mater Private Hospital Rockhampton, starts with the least invasive options that suit your condition. Patients are generally referred to our clinic by their GP; if a physiotherapist has suggested you see us, you will still need a referral from your GP in order to be eligible for the Medicare rebate. At your appointment we take a history, examine your elbow, and arrange imaging if it is needed to confirm the diagnosis.

Golfer's elbow is wear and irritation where the tendons that bend your wrist and grip attach to the bone on the inside of your elbow. It often comes on slowly, and the pain can persist even when you rest. We usually begin with non-operative care such as activity change, physiotherapy or hand therapy, and splinting. Surgery is considered when that has not given enough improvement over the long term.

The operation releases the damaged tendon attachment from the bone so the sore area is no longer pulled with each grip or lift. It is offered to people whose pain has not settled with these other treatments. Most elbows treated this way improve, with success reported in 72% to 94% of cases. The aim is lasting relief of pain and better use of your elbow in daily life and sport.

Before the operation

Before surgery you will need some imaging so the operation can be planned. This may include an X-ray, an ultrasound, or an MRI scan, which uses magnets to show the soft tissues around your elbow. Most people need no other tests. If you have other medical conditions, you may need blood tests or a review with the anaesthetist, the doctor who gives your anaesthetic.

On the day, stop eating and drinking seven hours before your operation time. We ask for seven hours rather than six so your surgery can be brought forward if the theatre list runs early. Your surgeon will tell you which of your usual medicines to take and which to pause. Bring a list of everything you take. Arrange for someone to drive you home afterwards, and wear loose, comfortable clothing.

On the day

You arrive at the hospital's surgical admissions unit, where you are checked in and prepared for theatre. You then meet the anaesthetist, the doctor who gives your anaesthetic. This operation is done under general anaesthetic. A regional nerve block is sometimes added for post-operative pain relief; the anaesthetist will discuss this with you on the day. You are then taken into the operating theatre, where the operation is performed.

You wake up in the recovery area, where nurses monitor you while the anaesthetic wears off. Once you are stable, you either go to the ward or go home, depending on the procedure and your recovery. Many people having this operation go home the same day. Before you leave, we will explain how to care for your elbow and when your follow-up appointment will be.

What the operation involves

The operation targets the spot on the inside of your elbow where the sore tendons attach to bone. Your surgeon makes a small cut over that bony point and releases the damaged tendon attachment, so it is no longer pulled with every grip or lift. The unhealthy, gristly tissue in the tendon is cleared away, and the healthy tendon is given room to settle back onto the bone and heal.

Some elbows need a slightly different approach. If the nerve that runs along the inside of your elbow is also irritated, your surgeon may free it from the tunnel of tissue it slides through, or move a small piece of bone that is pressing on it. If the joint itself is stiff or has loose bits of tissue catching inside, the operation can be done through two or three small keyhole cuts instead, using a thin camera to see inside the elbow.

The cut is closed with stitches and covered with a dressing. The whole operation usually takes well under an hour, and most people go home the same day.

After the operation

You wake up in the recovery area, where nurses watch you as the anaesthetic wears off. Your elbow will be covered with a dressing, and your arm may rest in a sling for comfort. You can move around soon after waking, and the nurses will help you with anything you need. Pain relief is planned before you leave, and the team will explain how to manage any soreness at home. Someone should stay with you for the first 24 hours. Your team will tell you whether you go home the same day or stay one night in hospital. We leave the dressing on for about 10 days; please do not take it off before then unless we tell you to. We change or remove it when we see you.

Recovery

For the first few days your elbow will be sore and may be swollen. Rest, keeping your hand raised when you can, and the pain relief we plan for you will ease this. The soreness settles gradually as the healing tissue calms down.

You will start gentle movement early. Your hand therapist, Ruby Doolan at Extend Rehabilitation, will guide your exercises and make any splint you need. The aim of the early stages is getting your elbow bending and straightening fully again. Building your grip and arm strength comes next, and it is a big part of getting back to your usual activities.

At home you can use your arm for light tasks as comfort allows. Avoid heavy lifting until we clear you, because the healing tendon needs time to settle back onto the bone. If a movement causes sharp pain, ease back and let your therapist know.

Recovery varies from person to person. Your timeline may differ, and we will guide you along with your therapist at each review.

What can go wrong

Most patients do well, but problems can occasionally happen. Your surgeon and the team monitor you closely to spot any issue early.

The nerve that runs along the inside of your elbow sits close to the operation site. If it is irritated after surgery, you might notice tingling, pins and needles, or numbness in your little and ring fingers. Tell us at your next review if this happens, or call the clinic sooner if it is severe.

Some elbows become stiff after surgery. You might find it hard to straighten your arm fully, or the elbow may feel tight when you bend it. Gentle exercises with your hand therapist usually help. If the elbow stays stiff, we can discuss other ways to regain movement at a review.

The tendons that bend your wrist and grip attach near the same spot. Weakness with gripping or lifting is uncommon, but if you notice your grip feels different, raise it at your next appointment.

Infection is a risk with any operation. Watch for a deep, throbbing pain that does not ease with simple painkillers, redness spreading out from the wound, or fluid leaking from the dressing. If you see any of these, call the clinic straight away rather than waiting for your review.

A blood clot in a vein near the elbow is rare but needs quick treatment. Sudden swelling and tenderness in the arm, or in a calf, should be checked urgently. Go to the emergency department if this happens.

Rarely, the elbow can come out of joint again, or hard lumps of bone can form inside the joint after an injury. A clicking or grinding feeling, or a sudden loss of movement, should be reported to us.

Some people still feel mild pain at the operation site months later. If your pain is not settling the way we described, bring it up at your review so we can look into it.

The complications table on this page lists typical rates if you want the specifics.

When to call us

Call the clinic straight away if you have a fever, or if the wound becomes more red, swollen, or is leaking fluid. Go to the emergency department if you have sudden severe pain, sudden swelling or tenderness in your arm or calf, or shortness of breath. These can be signs of a blood clot. Go to emergency also if you cannot feel your hand, or you cannot move your arm at all. For tingling or numbness in your little and ring fingers that is mild, call us or raise it at your next review.

COMPLICATIONS & CONSENT

Golfer's Elbow Release

Complication rates from published literature

Pooled from 10 published studies. These are population-level rates, not your individual risk — your surgeon will discuss what applies to you.

COMPLICATION	REPORTED RATE	NOTES
incomplete relief	20%	Surgical success spans 63-100% across series (systematic review, weighted mean follow-up 4.4 years) - so up to roughly 1 in 5 have residual symptoms. Good/excellent results were 80% (open) vs 84% (arthroscopic) in the comparative series. Coexisting ulnar neuritis is present in 38% of surgical cases and, when unaddressed, is the classic cause of an unsatisfactory result.
ulnar nerve irritation	—	The nerve passes directly behind the medial epicondyle; new ulnar symptoms are contained within the pooled 4.3% complication rate below.
medial elbow weakness	—	Temporary weakness of grip and wrist flexion while the released origin heals.
infection / wound problems	4.3%	Pooled rate of all minor complications combined (haematoma, seroma, wound infection, ulnar neuritis, cutaneous nerve numbness) in the systematic review of surgical medial epicondylitis treatment.

I have read this information and have had the opportunity to ask Dr Hirpara questions about the procedure, its expected recovery, and the complications listed above.

PATIENT — PRINT NAME

SIGNATURE

DATE