

INFORMATION & CONSENT

Tennis Elbow Release

Tennis elbow: the extensor tendon has degenerated where it attaches to the lateral epicondyle (the bony bump on the outside of the elbow). The release operation removes the damaged tendon tissue.

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At-a-glance recovery. Pooled from 80 published studies — your own pace will vary.

LIGHT DUTIES desk work, driving, daily tasks	MOST EVERYDAY ACTIVITIES manual work, sport, gym	FINAL OUTCOME PLATEAU pain and strength
2-6 weeks Most people go back to desk work between two and six weeks. Driving is possible once any splint is off and pain has settled, usually at two to three weeks.	3-6 months Most people go back to heavy work and sport at about three months. Grip strength can keep improving for six months or longer.	12 months Maximum functional improvement and symptom resolution typically plateau by 12 months.

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. Tennis elbow is wear-and-tear of the tendon on the outer side of your elbow. Most people improve without surgery. About 90% of people with untreated tennis elbow achieve symptom resolution at 1 year, and symptoms often settle within 12 to 18 months. So we usually try non-operative care first: activity change, physiotherapy or hand therapy, splinting, and injections. Surgery is considered when that has not given enough improvement.

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 the clinic we take a history, examine your elbow, and arrange imaging where needed. Tennis elbow release involves releasing the damaged tendon from the bone on the outer side of your elbow. For the small percentage of people who do not respond to non-operative care, surgery provides near 90% satisfaction rates. The aim is to relieve your pain and restore function in your arm. We will discuss this with you as a shared decision.

Before the operation

Before your surgery, you will need to stop eating and drinking for seven hours. We ask for seven hours rather than six so your operation can be brought forward if the theatre list runs early. Your surgeon will tell you which medicines to stop and when. Bring a list of everything you take, including tablets, drops and creams. Arrange for someone to drive you home afterwards, as you will not be able to drive yourself. Wear loose, comfortable clothing that is easy to change out of. Imaging such as an X-ray, MRI or ultrasound may be used to plan the operation. If you have other medical conditions, you may need blood tests or a review with the anaesthetist.

On the day

You will arrive at the hospital's surgical admissions unit, where you are checked in and prepared for theatre. You will meet the anaesthetist, who will go through your health and your medicines with you. This operation is done under general anaesthetic. You will be fully asleep for the operation. Some patients may also have a regional nerve block for post-operative pain relief; the anaesthetist decides on the day based on your individual circumstances. You are then taken into the operating theatre, where the operation is performed.

When the operation is finished, you will wake up in the recovery area. Nurses will monitor you while the anaesthetic wears off. Once you are stable, you will either go to a ward or go home, depending on the procedure and your recovery. Many people go home the same day. Before you leave, we will explain how to care for your elbow and what to expect over the coming days.

What the operation involves

Your surgeon performs a tennis elbow release through a single cut on the outer side of your elbow, over the bony bump you can feel there. The damaged part of the tendon is separated from that bone. This releases the tendon from its attachment, which is where the pain has been coming from. The worn, frayed tissue at the tendon's origin is cleaned away, and the surface of the bone beneath it is smoothed.

The cut is then closed with stitches. A dressing goes over the wound before you leave theatre.

The operation is done through this one incision rather than several small keyhole cuts. Your surgeon works directly on the tendon and bone, so the damaged area can be seen and treated in full.

After the operation

You will wake up in the recovery area with nurses nearby while the anaesthetic wears off. Your elbow will have a soft dressing over the wound, held in place with a bandage. You may feel some pain around the outer side of your elbow; tell the nurses, as they can give you medicine to keep you comfortable. You can move around soon after waking, and most people walk to the bathroom with help on the same day. Someone should stay with you for the first 24 hours after you get home. This is usually a day case, so you can expect to go home the same day,

although occasionally patients stay overnight. 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 look swollen around the outer side. This settles gradually. Keeping your hand raised when you are resting can ease the swelling, and simple pain medicine helps with the discomfort. Your dressing stays on until we see you, so you can shower as usual without touching the wound.

You will use your arm for light tasks at home almost straight away. You can dress yourself, eat and move around normally. Avoid heavy lifting, pushing up from chairs with that arm, and anything that strains the outer side of your elbow. Hand therapy after surgery is with Ruby Doolan at Extend Rehabilitation. Ruby will guide your exercises and make a splint if you need one. The exercises keep your wrist and elbow moving and rebuild your grip strength step by step.

Sleeping can be awkward at first. Many people find it comfortable to rest with a pillow under or beside the arm.

Once the swelling settles and movement feels easier, you will notice your grip returning. When you can hold and squeeze without pain, everyday tasks feel normal again. Once your splint is off and you can grip the wheel and react quickly, driving is usually fine again. We have more detail at [Driving after upper-limb surgery](#). Returning to work depends on what your job involves, and we will talk that through with you.

Everyone heals at their own pace. Your timeline may differ, and your surgeon and therapist will guide you along the way.

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.

Sometimes the body forms small patches of new bone where it should not, inside or around the elbow joint. This is called heterotopic ossification. You might notice a stiff, grating feeling when you bend or straighten your arm, or a sense that the elbow will not move as freely as it did. If movement feels blocked or the joint feels hard and swollen, bring it up at your next review.

A few people find their elbow does not bend or straighten through its full range afterwards. You may notice this when reaching for a high shelf or turning a door handle. Gentle, regular movement as guided by your therapist helps. If the tightness is not improving, mention it at your review so it can be assessed.

In some people the operation does not settle the pain the way we hoped. The outer side of the elbow keeps aching, or the pain returns after a period of relief. If that happens, we will reassess your elbow and talk through the options with you, which may include further surgery. Tell us early if the pain is not easing as expected.

Having several injections into the same elbow before surgery makes it more likely that further surgery will be needed later. If you have had injections elsewhere for this problem, let us know, as it helps us plan your care.

If you notice spreading redness around the wound, fluid leaking from it, a fever, or pain that keeps getting worse rather than easing, contact the clinic straight away. These signs need prompt attention.

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

When to call us

Call us straight away if you have a fever, spreading redness around the wound, fluid leaking from it, or pain that keeps getting worse rather than easing. Go to emergency if you have sudden severe pain, calf swelling or shortness of breath, or if you lose feeling in your hand or cannot move your arm. These signs need urgent assessment. If something feels wrong and you are not sure, call the clinic. We would rather hear about it early.

Where to read more about the condition

This page is about the operation itself. The condition it treats, including what the evidence shows about when surgery helps and when it does not, is covered in more detail on the [Tennis Elbow](#) page.

Tennis Elbow Release

Complication rates from published literature

Pooled from 80 published studies. These are population-level rates, not your individual risk — your surgeon will discuss what applies to you.

COMPLICATION	REPORTED RATE	NOTES
Grip and pinch strength loss	10-20%	Temporary grip weakness is common in the first 3-6 months; typically recovers.
Synovial fistula	8.0-11.1%	Associated with excessive debridement of the extensor origin and joint capsule.
Stiffness or reduced range of motion	6.4%	Postoperative stiffness can occur if immobilized too long; early hand therapy starting within 2-3 days is essential.
Posterolateral elbow instability	3.7-13.9%	Excessive debridement anterior to the radial head midline can injure the lateral ulnar collateral ligament, causing posterolateral rotatory instability requiring ligament reconstruction.
Incomplete pain relief or persistent symptoms	3-15%	Fair to poor outcomes occur in 3-15% despite surgery; causes include incorrect diagnosis, inadequate debridement, scar tissue, or unrealistic expectations.
Revision or reoperation	1.5-3.9%	Revision surgery required in 5.9-6.4% of patients for persistent pain, inadequate debridement, recurrent tendinosis, or co-existing radial tunnel syndrome.
Wound complications	0.57%	Infection, dehiscence, delayed healing, hypertrophic scarring, and seroma can occur; superficial infections respond to antibiotics.
Superficial radial nerve injury	0.36%	The superficial sensory branch lies in the surgical field; injury causes numbness, painful neuroma, or hypersensitivity on the radial forearm and hand.
Bleeding or haematoma	0.19%	Postoperative bleeding can occur; most resolve with observation but large haematomas may require drainage.

COMPLICATION	REPORTED RATE	NOTES
Posterior interosseous nerve injury	Rare	Risk during open release near the lateral epicondyle; permanent injury is rare.
Low-grade infection	Rare	Indolent infections such as Cutibacterium acnes can present insidiously after surgery.

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