## Tennis Elbow Management Options

## **Brief Decision Aid**

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

- Modifying activity rest and/or changing the way you use the arm.
- Pain relief in the form of ice, creams/gels, tablets or patches.
- Supports usually in the form of a supportive strap.
- 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), and botulinum toxin may be available.
- 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.

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, or to do something that may result in a longer term improvement?
- Will I be prepared to use treatments that have to be continued 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?
- What do I think about injections?
- Are all the treatments available locally?

## Benefits and risks of watchful waiting

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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.	In 20 in a 100 people, pain can last for between six months to two years. 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

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Treatment Option	Benefits	Risks or Consequences	
Ice cubes in plastic bag on the elbow for	Simple and will ease pain for a while.	Need to be prepared to apply it for up to 10 minutes at a time.	
10minutes repeatedly.	Avoids potential side-effects from medication.	Often need to repeat as relief does not last very long.	
Topical NSAIDS Non-steroid anti- inflammatory drugs such as 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 such as ibuprofen as a tablet.	Sometimes helps to ease the pain.	Stomach pain is common. Bleeding from the stomach is the most serious side effect. Other medication can be prescribed to protect the stomach if necessary. Some people with asthma, high blood pressure, kidney problems and heart failure may not be able to take NSAIDs.	
Nitrate (GTN) patches This is applied to the skin over the elbow daily.	Can help to reduce pain over 1-3 months. One trial showed 80 in 100 people pain free after six months compared with only 60 in 100 who had tendon rehabilitation	20 in 100 people will not be better after six months of treatment.  Potential side effects include headaches, dizziness and low blood pressure.  Trial did not show benefits later than 6	
	(physiotherapy).	months	

Benefits and risks of supports

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

Benefits and risks of physiotherapy

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

## Benefits and risks of injection

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Treatment Option	Benefits	Risks or Consequences	
Steroid (cortisone) injection An injection into the painful area.	In the short term often helps to reduce the pain. In one study 92 in 100 people given an injection had reduced pain compared to 34 in 100 with placebo (dummy injection).	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.  May be a painful injection and can ache for a few days.	
	It can be useful if you absolutely have to be able to use the arm in the near future.	Potential side-effects include infection, atrophy (shrinking) of the fatty tissue under the skin, change in skin colour, bruising, bleeding, and rarely damage to the tendon.	
Injecting part of your own blood This procedure is	Long term outcomes may be better than steroid injection.	Not enough evidence to suggest better than other treatments to date.	
generally only considered if other	It is thought that blood helps to heal the tendon.	May be a painful injection.	
treatments have failed as research is		May require more than one hospital visit.	
ongoing.		Potential side-effects include infection, bruising, and bleeding.	
		May not be available locally.	
Botulinum Toxin A	Has been shown to be	May be a painful injection	
injections	effective in some studies.	May not be available locally	
•		Sometimes offered as alternative to surgery	

Benefits and risks of surgery

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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.	

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?