CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

PATIENT INFORMATION

Golfer's Elbow Release

Esta página foi traduzida automaticamente e ainda não foi verificada por um médico. A **versão em inglês** é a versão oficial.

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. A clinic assessment (history, examination, and imaging where needed) establishes the diagnosis. For degenerative or long-standing problems we usually try non-operative care — activity change, physiotherapy or hand therapy, splinting, and injections — and consider surgery when that has not given enough improvement. For structural or acute problems, surgery may be recommended straight away, without a preceding non-operative trial.

This operation is offered when persistent pain or instability remains despite conservative care. It aims to restore stability and reduce pain by repairing damaged tissues or removing bone fragments. Success rates for medial epicondylectomy are confirmed between 72% and 94% across 12 studies. We discuss these figures with you to help decide if surgery is the right step for your specific needs.

Before the operation

Please fast for seven hours before your procedure. This allows your surgeon to bring you forward if the list runs early. Stop taking certain medications as advised by your surgeon. Arrange a lift home and wear comfortable clothing. Bring a list of your current medicines. Your surgeon will use imaging like X-rays, MRI, or ultrasound to plan the operation. Blood tests and an anaesthetic review are not routine. 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 for check-in and preparation. This is not a ward stay; you are admitted directly for your procedure. You will meet the anaesthetist to discuss your care plan. This

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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. The surgery is performed while you are asleep. Once the procedure is complete, you wake up in the recovery area. Nurses monitor you closely as the anaesthetic wears off and your vital signs stabilise. When you are ready, you either go to a ward or go home, depending on the procedure and your recovery.

What the operation involves

For golfer's elbow, your surgeon makes a small cut over the inner bump of your elbow. Through this opening, they release the tight tendons that attach to the bone. This relieves the pressure causing your pain. If you also have symptoms of ulnar nerve irritation, your surgeon may gently free the nerve from the surrounding tissue to give it more space.

In some cases, a tiny camera and instruments are used through small keyhole cuts to clean up irritated tissue inside the joint. This helps ensure other problems are not contributing to your discomfort.

If the issue involves a broken bone fragment, your surgeon repositions it and holds it in place using small screws or wires. These are placed carefully to keep the bone stable while it heals. The cut is then closed with stitches (sutures).

After the operation

You will wake up in the recovery ward with your arm in a sling and a soft dressing over the wound. We provide pain relief to keep you comfortable. Your team will tell you whether you go home the same day or stay one night in hospital. Please arrange for someone to stay with you for the first 24 hours. You can move your fingers and wrist gently. Keep the dressing dry and clean. Do not lift anything heavy with that arm. If you have questions about driving, please see our guide on driving after upper-limb surgery.

Recovery

In the days following your procedure, some swelling and discomfort is normal. We manage this with rest and elevation. Your surgeon will guide you on pain relief that keeps you comfortable without drowsiness. Most patients find the initial soreness eases significantly as the swelling settles.

You will wear a protective dressing for a short period. We do not use hinged braces or abduction pillows. Early movement is key to preventing stiffness. Your hand therapist, Ruby Doolan at Extend Rehabilitation, will direct your exercises. She also makes any splint you need. You will start gentle finger and wrist movements soon after surgery to keep blood flowing and reduce swelling.

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As your grip strength returns, you can resume light daily tasks. You may notice improved flexibility in your elbow. We advise avoiding heavy lifting or repetitive gripping until your surgeon confirms your tissues have healed sufficiently. Your timeline may differ; your surgeon and therapist will guide you based on your progress.

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.

If you have ulnar nerve irritation alongside golfer's elbow, releasing the forearm muscles may not fix your symptoms. You might notice persistent tingling or numbness in your ring and little fingers. This feeling may not improve after the procedure. If your nerve symptoms remain unchanged or worsen, tell your surgeon at your next review so they can discuss other options with you.

Some people experience ongoing pain or stiffness in the elbow after surgery. You might feel a deep ache that does not ease with simple painkillers. Your elbow may feel tight when you try to straighten or bend it fully. If this discomfort persists beyond your expected recovery time, contact the clinic. Your surgeon can check if additional therapy or further assessment is needed.

While complications are limited, any surgery carries a small risk of infection or wound healing issues. You might notice redness spreading from the incision site, increased warmth, or swelling that seems to worsen. If you see these signs, or if you develop a fever, call the clinic promptly. Early attention helps prevent minor issues from becoming serious.

If hardware was used to fix a fracture, you may wonder if it needs removal. In many cases, especially with modern anchors, removal is not necessary. However, if you feel a sharp point or experience irritation from the hardware under the skin, let your surgeon know. They will assess whether the hardware is causing trouble and if removal is appropriate for your situation.

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

When to call us

Call us if you have fever, increasing wound redness or discharge, or sudden severe pain. Go to emergency if you notice calf swelling, shortness of breath, loss of sensation, or inability to move the limb. These signs need urgent assessment. We are here to help you stay safe during your recovery.

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