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Surgical consent for lateral epicondylitis debridement surgery

All surgical procedures are associated with certain risks such as pain, bleeding, infection, scarring, damage to blood vessels or nerves, anesthetic-related complications, thromboembolic complications, and medical complications (such as heart attack, stroke, or death).

- **Pain:** In an effort to decrease pain you will be adequately anesthetized during surgery and will receive pain medications post-operatively.
- **Bleeding:** Given the fact that the incision is small and there are no major blood vessels in the field of surgery, the risk of bleeding is minimal.
- **Infection:** The risk of infection is approximately 1%. You will receive antibiotics through your IV during surgery. In addition the surgery will be performed under sterile conditions. You will also be prescribed antibiotics which are to be taken for the first 24 hours after surgery. The risk of infection is slightly higher in patients with diabetes.
- **Thromboembolic complications:** Anytime surgery is performed, there is a theoretical risk of developing a blood clot in the legs or the lungs. This risk is approximately 1 in 10,000 cases in routine tennis elbow surgery. As a result, the routine use of blood thinners following surgery is not routinely recommended because the risk of developing complications related to thinned blood and excessive bleeding and swelling outweighs the potential benefit of preventing a blood clot. If, however, you have a personal or family history of a blood clot or a clotting disorder, blood thinning medications are recommended; please be sure to discuss this with your surgeon. The use of compression stockings following surgery will help decrease your risk of developing a blood clot. In addition performing exercises, such as foot pumps, will also decrease the risk of developing a blood clot. Finally routine walking (but not excessive walking) after surgery will also help decrease your risk for developing a blood clot. If, however, you develop calf pain, chest pain, or shortness of breath after your surgery, please notify your surgeon immediately or proceed to the emergency department for further evaluation as these are symptoms sometime associated with the development of a blood clot.

Potential complications more unique to lateral epicondylitis debridement surgery include the following:

- Failure to alleviate pain: It is theoretically possible that the surgery, although technically performed successfully, may not completely alleviate all of your symptoms. Approximately 15-20% of patients who undergo surgery for lateral epicondylitis fail to gain significant symptomatic improvement following surgery.
- Stiffness: After being immobilized in a splint for the first 1-2 weeks after surgery, many patients report mild stiffness during the first post-operative follow-up appointment. This typically resolves within a few weeks with a home exercise program focusing on elbow range of motion activities. If desired by the patient, physical therapy can also be prescribed to improve range of motion, but this is typically not necessary.
- Elbow instability: One of the major stabilizing ligaments of the elbow joint is adjacent to the tendon which is debrided during tennis elbow surgery. If the debridement is excessive, it is theoretically possible to injure this ligament and thus destabilize the elbow.
- Failure to alleviate atypical symptoms: Often times patients with lateral epicondylitis report pain in other parts of the elbow, pain in the forearm, or numbness and tingling around the elbow, forearm, and hand. Given that these other symptoms are not typical of lateral epicondylitis, these other symptoms are not expected to improve with surgery intended to treat lateral epicondylitis symptoms. You must have realistic expectations about the nature of lateral epicondylitis debridement surgery and its intended goals.

Please print and sign your name below if you have read the information listed above and would like to proceed with surgery.

Patient Signature: _____ Date: _____

Printed Patient Name: _____