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LATERAL EPICONDYLECTOMY POST OP PROTOCOL

General Comments:

Lateral epicondylitis is a chronic tendonitis of the conjoint tendon near its insertion to the lateral epicondyle of the elbow. Indications for surgery are failure of conservative care. Conservative care consists of counterforce strapping, physical therapy for strengthening and stretching of the soft tissues and judicious use of steroid injections. Patients are permitted a maximum of 3 injections. Those individuals who are having less than a month relief from injections are limited to a maximum of 2 injections. The surgery procedure consists of removing the degenerative lesion from the tendon and removing a small piece of the tip of the lateral epicondyle. Patients can typically return to light duty the week following surgery. Anticipation for return to full duty is at approximately 6 to 8 weeks and maximum medical improvement at 12 weeks.

Day of Surgery:

Patients are placed into a light dressing. They are encouraged to do range of motion exercises with their fingers, wrist and elbow. The goal is to restore full motion to the elbow by 2 weeks. Patients are instructed not to lift, push, pull or do any heavy grasping but are otherwise permitted to do activities of daily living. The postoperative dressing can be removed at home 24 to 48 hours after surgery. Sutures are placed under the skin which allows the wound to be dressed with a simple ace wrap after the first dressing change.

First Post-Op Visit: (5 to 7 days)

Patients are instructed in range of motion exercises and reminded of restrictions, lifting greater than 1 pound is not permitted. Patients can return to work at this point, but no repetitive work is allowed, no lifting greater than 1 pound and no pushing, pulling or heavy grasping.

Second Post-Op Visit: (4 weeks)

The patient should have full range of motion at this phase. Patients are referred to physical therapy for initiation of progressive strengthening program. Individuals working in lighter sedentary occupations may be released to full duty at this point. Laborers will be starting the strengthening phase of training and will be expected to return to full duty at approximately 10 to 12 weeks. Lifting is limited to approximately 10 pounds at this phase.

Third Post-Op Visit: (10-12 weeks)

Patients should have achieved all physical therapy goals with restrictions of full grip strength and full range of motion. Maximum medical improvement is expected at this stage and patients are released from care.