

Shoulder/elbow, arm/forearm

Tennis elbow repair: To anchor or not to anchor

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Abstract

INTRODUCTION

The surgical treatment of chronic lateral epicondylitis refractory to traditional nonoperative management remains controversial. Limited data exists regarding the relative clinical efficacy of current surgical alternatives.

OBJECTIVES

This the first long term longitudinal case control study comparing the clinical results of traditional elbow arthroscopy plus extensive carpi radialis brevis (ECRB) debridement (Nirschl procedure) with combined elbow arthroscopy, ECRB debridement and suture anchor repair.

METHODS

Fifty patients with chronic lateral epicondylitis unresponsive to a minimum of 6 months of nonoperative treatment (NSAIDS, PT, bracing, and cortisone injection) were randomized into two groups for surgical management. Group 1 underwent elbow arthroscopy and ECRB tendon debridement alone and Group 2 received elbow arthroscopy, ECRB debridement and suture anchor repair. All patients had preoperative MRI exams and were followed up for clinical assessment with VAS, Mayo Elbow Score and DASH testing at 1, 2, 3, 6, and 12 months after surgery.

CONCLUSION

While both surgical techniques were effective in the treatment of refractory cases of severe lateral epicondylitis, the use of suture anchors to reattach the ecrb origin provided significantly better short and long term clinical results.