Elbow pain. Funny Bone – But no laughing matter

Elbow pain can be remarkably disabling as just about all tasks using the arms involve a fair amount of elbow movement. By using our shoulders and wrists more we can lessen elbow involvement but seldom avoid it altogether.

The task for the surgeon is to determine where in or around the elbow the pain is originating. Strangely some of the time the pain is actually referred down from the shoulder in which case one may find that the elbow is not the source.

Elbow arthritis is thankfully not that common. It is occasionally seen as a result of wear and tear particularly in the heavy physical labourer but frequently associated with either rheumatoid disease or a previous serious injury to the joint. Depending on the severity the surgeon may consider putting a telescope (key hole or arthroscopic surgery) into the joint to clean up the debris or spurs which may be catching and a cause of pain. At times it may even be necessary to open the joint to remove these obstructions. The ultimate solution would be to replace the joint which provides excellent relief of pain but seldom a complete range of movement. Most surgeons try to avoid this option if possible; as the small nature of the prosthesis to fit inside the small forearm bones mean that heavy work is best avoided following such surgery.

More commonly pain is associated with the muscular attachments around the elbow. Particularly on the "outside prominence" of the joint. Known as Tennis Elbow or more correctly as Lateral Epicondylitis. Usually seen in the 40 – 55 year old. Pain on shaking hands, opening jars, turning stiff taps and picking up a kettle are often how people present. Often there is no injury or repeated task which has brought it on. The elbow is very tender to touch and can be swollen too. The first option is to control the pain with simple non-steroidal anti-inflammatories such as Neurofen. Avoidance of movements which precipitate the pain and to deeply massage the area whilst stretching out the tendon by fully extending the elbow and turning the palm to the floor can all help.

If pain continues then a cortisone injection can be valuable but it is suggested that no more than three injections should be used in one elbow. If the pain persists then surgical release of the tendon is at times considered but the success of this surgery is around 80 – 85%.

Similar pain around the inside aspect of the elbow may also be experienced. (Known as Golfer's Elbow or Medial Epicondylitis). Less common than Tennis Elbow and treatment options are similar.

The Ulnar Nerve around the elbow can become trapped causing tingling and numbness in the little and ring fingers. If the condition persists then weakness in the hand may result. Surgical release of the nerve at the elbow may be appropriate to allow restoration of function.