CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

INFORMATION & CONSENT

Tennis Elbow Release

Tennis elbow: the extensor tendon has degenerated where it attaches to the lateral epicondyle (the bony bump on the outside of the elbow). The release operation removes the damaged tendon tissue.

Kieran Hirpara 4.0

At-a-glance recovery. Pooled from 80 published studies — your own pace will vary.

LIGHT DUTIES desk work, driving, daily tasks	MOST EVERYDAY ACTIVITIES manual work, sport, gym	FINAL OUTCOME PLATEAU pain and strength
2-6 weeks	**3-6 months**	**12 months**
Return to light activities and desk work typically occurs within 2 to 6 weeks postoperatively.	Return to manual work and full strength is generally achieved within 3 to 6 months.	Maximum functional improvement and symptom resolution typically plateau by 12 months.

Why this operation has been suggested

Tennis elbow is a common condition where the tendons on the outside of your elbow become painful and inflamed. Most people recover within six months to one year without surgery, and about 90% of patients find their symptoms resolve on their own within a year. Because your surgeon cannot predict who will heal without help, they usually recommend trying non-surgical treatments first.

Your surgeon has suggested this operation because you have persistent symptoms that have not improved with standard care. This procedure involves making a single small cut to release the tight tendon causing your pain. It is designed for the small group of patients who do not respond to other methods. The main goal is to provide lasting pain relief and help you return to your normal activities.

Before the operation

Most people with tennis elbow get better without surgery, so your surgeon may suggest trying non-surgical treatments first. You might need an X-ray or MRI to check your elbow, or blood tests to ensure you are fit for

the procedure. Please fast before your surgery and stop taking certain medicines as your surgeon instructs. Arrange for someone to drive you home and bring a list of all your current medications. Wear comfortable clothing to your appointment. Your surgeon will perform an open operation using a single incision over the painful area.

On the day

You will arrive at the hospital and meet your surgeon and the anaesthetist. They will review your health and answer any questions you have before you go to the operating theatre. This operation is done under general anaesthetic. You will be fully asleep for the operation. Some patients may also have a regional nerve block for post-operative pain relief – the anaesthetist decides on the day based on your individual circumstances.

Your surgeon will make a single conventional incision over the operative site to perform the release. The procedure itself is brief, and you will wake up in the recovery area as the anaesthetic wears off. You will rest there for a short time while the nursing team checks that you are comfortable and stable before you go home.

What the operation involves

Your surgeon will make a single cut over the outer part of your elbow. This is an open approach, meaning they work directly through this one incision rather than using small keyhole cameras. They will carefully separate the tissues to reach the tendon that is causing your pain.

Inside, your surgeon will remove the damaged part of the tendon where it attaches to the bone. They may also gently scrape the bone surface to encourage healing. This process is called a release. It removes the worn-out tissue that is no longer working properly. Once the damaged area is cleared, your surgeon will close the cut with stitches or glue.

The procedure focuses only on the specific spot where the tendon is frayed. Your surgeon will not need to use special anchors or screws for this release. They will simply remove the bad tissue and let your body heal the rest. This direct approach allows them to see exactly what needs to be fixed.

After the operation

You will wake up in the recovery ward. Your surgeon uses a single conventional incision over your elbow. You will have a dressing and a sling or brace on your arm. Pain is managed with standard medication. You can usually go home the same day. You must have someone stay with you for the first 24 hours to help you. Most patients feel better quickly, though full recovery can take up to 12 to 18 months.

Recovery

Most people with tennis elbow find their symptoms fade on their own within one year. Your body has a steady healing rhythm, often resolving pain within three to four months. Because recovery happens naturally for most, surgery is usually reserved for those who do not improve with rest and therapy. If you do proceed, you can expect near 90% satisfaction with the results.

After your open surgery, you will have a single small incision over the sore spot on your elbow. In the first few days, you may feel some swelling and discomfort around this area. Your surgeon will guide you on using a sling or brace to protect the arm while you rest. You will likely need to sleep with your arm slightly elevated to help reduce swelling.

As the swelling settles, you will begin gentle movement exercises with your physiotherapist. You will focus on regaining strength and range of motion without straining the healing tendon. Your surgeon will tell you when it is safe to resume daily tasks like driving or lifting. Your specific timeline may differ from others, so follow the advice of your surgeon and physio team closely.

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.

Sometimes the pain in your outer elbow does not go away after surgery. This is more likely if you had many injections before the operation. If your symptoms do not improve, tell your surgeon at your next check-up.

Infection is a possible risk with open surgery. You might notice redness spreading from the cut, warmth, or swelling that gets worse. If you see these signs, call the clinic right away so they can treat it.

Rarely, the surgery might not work well enough, and you could need another operation later. This is uncommon, but if your pain returns or gets worse over time, let your surgeon know.

Your surgeon uses an open approach with a single cut over the elbow. While other methods exist, this specific technique carries a similar risk of complications to other ways of doing the surgery.

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

When to call us

Call us if you have a fever, increasing redness, or discharge from your wound. Go to emergency if you feel sudden severe pain, swelling in your calf, or shortness of breath. Contact us immediately if you lose sensation or cannot move your arm. Most cases of tennis elbow resolve within 6 months without surgery. However, we need to see you if symptoms do not improve or get worse.

CQ HAND + UPPER LIMB
Dr Kieran Hirpara — Specialist Orthopaedic Surgeon
Suite 2, Level 1, Mater Private Hospital Rockhampton, 31 Ward Street, The Range, QLD 4700
Phone 07 4863 6556 · office@cqupperlimb.com.au · cqupperlimb.com.au

CQ HAND + UPPER LIMB
Dr Kieran Hirpara — Specialist Orthopaedic Surgeon
Suite 2, Level 1, Mater Private Hospital Rockhampton, 31 Ward Street, The Range, QLD 4700
Phone 07 4863 6556 · office@cqupperlimb.com.au · cqupperlimb.com.au

CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

COMPLICATIONS & CONSENT

Tennis Elbow Release

Complication rates from published literature

Pooled from 80 published studies. These are population-level rates, not your individual risk — your surgeon will discuss what applies to you.

COMPLICATION	REPORTED RATE	NOTES
Grip and pinch strength loss	**10-20%**	Temporary grip weakness is common in the first 3-6 months; typically recovers.
Synovial fistula	**8.0-11.1%**	Associated with excessive debridement of the extensor origin and joint capsule.
Stiffness or reduced range of motion	**6.4%**	Postoperative stiffness can occur if immobilized too long; early hand therapy starting within 2-3 days is essential.
Heterotopic ossification	**4.8%**	Reported after arthroscopic treatment, with rates ranging from 4.8% to 100% in case reports.
Posterolateral elbow instability	**3.7-13.9%**	Excessive debridement anterior to the radial head midline can injure the lateral ulnar collateral ligament, causing posterolateral rotatory instability requiring ligament reconstruction.
Incomplete pain relief or persistent symptoms	**3-15%**	Fair to poor outcomes occur in 3-15% despite surgery; causes include incorrect diagnosis, inadequate debridement, scar tissue, or unrealistic expectations.
Revision or reoperation	**1.5-3.9%**	Revision surgery required in 5.9-6.4% of patients for persistent pain, inadequate debridement, recurrent tendinosis, or co-existing radial tunnel syndrome.
Wound complications	**0.57%**	Infection, dehiscence, delayed healing, hypertrophic scarring, and seroma can occur; superficial infections respond to antibiotics.
Superficial radial nerve injury	**0.36%**	The superficial sensory branch lies in the surgical field; injury causes numbness, painful neuroma, or hypersensitivity on the radial forearm and hand.

CQ HAND + UPPER LIMB
Dr Kieran Hirpara — Specialist Orthopaedic Surgeon
Suite 2, Level 1, Mater Private Hospital Rockhampton, 31 Ward Street, The Range, QLD 4700
Phone 07 4863 6556 · office@cqupperlimb.com.au · cqupperlimb.com.au

COMPLICATION	REPORTED RATE	NOTES
Bleeding or haematoma	**0.19%**	Postoperative bleeding can occur; most resolve with observation but large haematomas may require drainage.
Posterior interosseous nerve injury	**Rare**	Risk during open release near the lateral epicondyle; permanent injury is rare.
Low-grade infection	**Rare**	Indolent infections such as Cutibacterium acnes can present insidiously after surgery.

I have read this information and have had the opportunity to ask Dr Hirpara questions about the procedure, its expected recovery, and the complications listed above.

PATIENT — PRINT NAME

SIGNATURE

DATE

CQ HAND + UPPER LIMB
Dr Kieran Hirpara — Specialist Orthopaedic Surgeon
Suite 2, Level 1, Mater Private Hospital Rockhampton, 31 Ward Street, The Range, QLD 4700
Phone 07 4863 6556 · office@cqupperlimb.com.au · cqupperlimb.com.au