

Epicondylitis (Tennis Elbow) Steroid Injection LAND MARK GUIDED

PATIENT INFORMATION and CONSENT SECTION

What is epicondylitis?

Epicondylitis is an inflammation of the tendons at the elbow. There are two types of epicondylitis:



Epicondylitis is usually an overuse injury. Hence, we recommend resting from repetitive duties that caused the epicondylitis in the first place. We also recommend an exercise programme for your elbow. Your GP or physiotherapist can design an exercise programme for you

What is an epicondylitis injection?

A steroid injection may be beneficial for patients whose condition has not improved on an elbow exercise programme.

A mixture of local anaesthetic and steroid is injected into the area. The local anaesthetic may give some immediate pain relief, but will wear off in some hours. The steroid is designed to reduce inflammation in the affected tendons and hence improve pain. It may take 1-2 days for the steroid to take effect.

Ultrasound guided versus landmark guided injection

The injection can be performed with ultrasound guidance or using anatomical landmarks to guide the injection. To date research has not demonstrated that one technique is significantly more effective than the other. At the Pioneer Health Musculoskeletal Injection Clinic, we prefer to guide the injection by using anatomical landmarks and locating the point of greatest tenderness. If you wish for an ultrasound guided injection, please ask your GP to refer you to the local specialist radiology provider.

What can I expect from an epicondylitis steroid injection?

The proposed injection is a minor, practice based procedure performed by an experienced clinician. After completing the informed consent process, your doctor will examine your elbow, carefully locating the point of maximal tenderness. This process of palpation may cause some discomfort. The doctor will then use a sterile technique, which involves cleaning the skin over the injection site with antiseptic solution. The injection is slightly painful. A mixture of local anaesthetic and steroid is injected and then a sterile dressing is applied over the injection site.

Following the injection, pain relief from the steroid may lag by 1 to 2 days. It is important to understand this injection does not come with a guarantee of symptom relief. Most patients have significant relief, but this does not apply to all patients. Also, the length of pain relief varies from patient to patient. Some patients obtain long term pain relief (months and even years), for others it's more short term (days to weeks.)

What are the risks of an epicondylitis steroid injection?

Like any procedure, this injection does have potential complications. These are:

- **FAILURE:** A small number of patients may gain no pain relief, or only short term pain relief. This may be because the injection was not correctly sited, or because there is another condition causing elbow pain.
- **BRUISING AND BLEEDING:** A small bruise may form around the injection. More severe bleeding complications, such as a haematoma, may occur if you are on blood thinners or have a bleeding disorder. If you are taking blood thinners, please discuss this with your doctor before the injection. You may be advised to stop your blood thinner some days before the injection, and then restart the blood thinner immediately after the injection. However, such advice will be individualized to your specific circumstances.
- **INFECTION:** This is probably the most severe potential complication. The incidence of the injection introducing infection is very low. We give the injection using a sterile technique to avoid this complication.
- **WEAKENING OF TENDONS AND TENDON RUPTURE:** This complication is rarely seen in practice. Repeated steroid injections into tendons can weaken these tendons and this can lead to later tendon rupture. To avoid this complication, we avoid frequent epicondylitis injection at the Musculoskeletal Injection Clinic. (As a rule, we limit epicondylitis injections to 2 in 6 months.)
- **DISRUPTION OF BLOOD SUGARS:** This is generally only an issue for diabetic patients. If you have diabetes, please be aware that your blood sugars may run higher some days after the injection.

How much will the epicondylitis steroid injection cost?

Fee	Medicare Rebate	Out-of-pocket cost
\$200	\$42.85	\$157.15

Medicare has removed all item numbers for MSK injections some years ago, and will now only rebate the time based consult item number towards this procedure. The fee is to cover the cost of the consumables (excluding steroid ampoule), nursing support and doctor's fee.

What should I do after my epicondylitis steroid injection?

- You should be able to return to normal activities after your injection.
- Please keep the sterile dressing in place for one day.
- We recommend that you continue your elbow exercise programme. Your GP or physiotherapist can provide you with such a programme.
- If you have stopped a blood thinner ahead of your injection, please restart this blood thinner promptly following the injection.
- If after your injection you experience increasing pain or swelling of the elbow, or develop fevers, please promptly contact the Musculoskeletal Injection Clinic at Pioneer Health Albany.
- Finally, we would like to hear if your injection has helped with your symptoms. We will be contacting you via a phone call in one week to see how you are progressing. Please let our reception know if you do not wish to be contacted.

If you have any questions about the above, please discuss these with your GP or with the doctor on the day of the injection.

I have read and understood the above and hereby consent to proceed with the procedure of epicondylitis steroid injection.

Patient Name: _____ Patient Signature: _____ Date: _____

Doctor Name: _____ Doctor Signature: _____ Date: _____