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Title

Arthroscopic treatment of lateral epicondylitis

Purpose

We report long-term outcomes of 35 patients treated with a novel arthroscopic resection of capsulosynovial fringe in lateral epicondylitis.

Methods

35 of 78 patients who underwent arthroscopic capsulosynovial fringe resection for lateral epicondylitis from 2000 - 2013 were prospectively evaluated. Outcomes included VAS, DASH, and questions on return to sports, satisfaction, and perceived benefit of surgery. Mean postoperative follow up was 9.2 years \pm 2.66. In all patients, we identified a band of radiocapitellar capsular tissue using arthroscopy that impinged at the radiocapitellar articulation. The posterior portion of the complex was detached from the proximal ulna extending distally to the native annular ligament. Further debridement occurred to the equator of the radial head. Descriptive statistics were performed to assess change in pain scores, final DASH scores and questionnaire data. $P < 0.05$ was considered significant.

Results

Median pain scores improved from 8/10 (IQR: 1) preoperatively to 0/10 (IQR: 1) postoperatively. This median change of -7 points ($p < 0.0001$) was significant. At follow-up, only 1/35 patients continued to require pain medication. Median DASH score at final follow-up was 1 (IQR: 6). 25/35 patients reported participation in sports prior to injury, with 22/25 affected by elbow symptoms. After surgery 22/25 reported returning to pre-symptom participation levels, while 1 patient reported a decreased level. 30 patients rated their postoperative outcome as much better, 5 rated it as better, and 0 reported symptoms to be unchanged or worsened. All 35 patients were happy they underwent the procedure and perceived a benefit. 4 of 35 patients had postoperative complications (2 with ulnar nerve symptoms, 2 with persistent pain), with one requiring revision surgery for persistent pain.

Conclusion

We report promising long term-results of a novel arthroscopic resection of capsulosynovial fringe in lateral epicondylitis.