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SURGICAL INTERVENTION FOR LATERAL EPICONDYLITIS IS EFFECTIVE AFTER FAILED CONSERVATIVE THERAPY

Introduction: Lateral epicondylitis is a common overuse injury of the elbow, affecting an estimated 1 to 4% of the adult population, and often results in elbow pain from inflammation and tendinosis of the extensor carpi radialis brevis (ECRB) [1-2] . In general, isolated lateral epicondylitis successfully improves with primary non-operative treatment through utilization of NSAIDs, activity modification, physical therapy and bracing [3] . If no resolution is achieved through conservative treatment, surgical intervention may be indicated after failed trial of non-operative management over a 6- to 12-month period. The purpose of this retrospective study was to review return-to-duty rates among adult, active-duty military members who underwent operative debridement for isolated lateral epicondylitis in an effort to compare functional outcomes to those observed in the general population and ultimately minimize delayed return to work, sport or activity.

Methods: Retrospective review at a single institutional from 2010-2020 with multiple fellowship trained Orthopedic Hand surgeons who underwent lateral epicondyle debridement for failed conservative management of lateral epicondylitis. Inclusion criteria were: age greater than 18, those on active duty, and greater than 1 year follow up with final disposition documented. Return to duty rates to include those on limited activities or restrictions based on the procedures were noted as well as any complications .

Results: There was a total of 22 Active duty personnel. 22 males and 2 females with an average of 41 years of age. This included 15 Soldiers, 1 Airman, 4 Sailors, 4 Marines and 1 Coast Guardman . All 22 were able to return to Duty. After surgery two were placed on a permanent profiles. No patients underwent medical discharge from active military service. There was only 1 complication.---

Conclusions: Lateral epicondylitis is a common tendinopathy which normally can be treated conservatively. Due to our high demand patient population, in some cases conservative management does not alleviate symptoms and surgical intervention has been undertaken. Despite prior evidence against surgical intervention, in this cohort that had specifically previously failed lengthy non-operative treatment, our study demonstrated that 100% were able to return to active duty and most without restrictions. This is a safe, reliable surgery which is successful at getting military personnel back to duty.