

English & Japanese Oral Session 12 "Medial epicondylitis"

Feb. 3rd (Fri) 15:50~16:00  
Room 3 (Yamagata Terrsa 3F Applause)

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O12-1

**No Difference in Complications and 5-Year Reoperation Rates Between Open Debridement Versus Open Debridement with Common Flexor Tendon Repair for Medial Epicondylitis: A National Database Study**

Jay Moran<sup>1</sup>, Alexander J. Kammien<sup>1</sup>, Kyle N. Kunze<sup>2</sup>, Joseph E. Manzi<sup>2</sup>, Allen D. Nicholson<sup>2</sup>, Ravi Vaswani<sup>2</sup>, Andrew E. Jimenez<sup>1</sup>, Lawrence V. Gulotta<sup>2</sup>, David W. Altchek<sup>2</sup>, Joshua S. Dines<sup>2</sup>

<sup>1</sup>Department of Orthopaedics and Rehabilitation, Yale School of Medicine, New Haven, CT, USA,

<sup>2</sup>The Hospital for Special Surgery, New York, NY, USA

**Background:** Few studies have compared rates of postoperative complications and revision surgery between open debridement (OD) with and without common flexor tendon repair for medial epicondylitis (ME).

**Purpose:** To compare the rates of postoperative complications and 5-year revision surgery for open debridement alone (OD) versus open debridement with tendon repair (ODR) for recalcitrant ME.

**Study Design:** Case Series, Level of Evidence, 4.

**Methods:** A retrospective review of a national insurance database was conducted from 2015 to 2021 to identify patients with documented ME that underwent primary OD or ODR. Patients with concomitant UCL injuries, lateral ulnar collateral ligament injuries, lateral epicondylitis, elbow arthritis, any elbow fractures were excluded. Rates of preoperative treatment modalities, including elbow bracing, physical therapy, and/or corticosteroid injections were tracked up to 1-year before the procedure. Postoperative complications, including superficial wound complications, ulnar neuropathy, medial antebrachial cutaneous neuropathy, medial ulnar collateral ligament injury, and heterotopic ossification were recorded. The duration of physical therapy was also recorded for both groups. The rates of revision surgery, defined by a subsequent ipsilateral ME surgery, were tracked over 5-years using Kaplan-Meier analysis.

**Results:** In total, 5,147 (OD = 2005, ODR = 3,142) patients underwent primary debridement with or without tendon repair for ME, with a mean age of  $52.2 \pm 10.2$  and 48.3% female. The most common nonoperative treatment modalities were corticosteroid injections (36.4%), physical therapy (25.7%), and elbow bracing (3%). The overall 90-day complication rate was low (3.3%), with no significant difference in superficial wound complications, ulnar neuropathy, medial antebrachial cutaneous neuropathy, UCL injury, and heterotopic ossification between OD and ODR. The duration of postoperative physical therapy did not differ between patients treated with OD or ODR (6.7 weeks vs 7.1 weeks,  $P=0.56$ ). The overall 5-year revision surgery rate was low, with no significant difference between OD (6.6%) and ODR (6.4%) ( $P=0.914$ ).

**Conclusion:** In our large cohort of patients with ME, the overall rates of postoperative complications and 5-year revision surgery were low, with no significant differences between those treated with OD or ODR.