Tendon fenestration: Treatment for tendon pain

Patient information sheet

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**Why have I been offered this treatment?**

Your Musculoskeletal specialist has diagnosed one of your tendons as a source of pain. Tendons can be a common source of pain, many resolve in time and this is often referred to as self- limiting, this can take up to 18 months or more. Treatments like pain killers, physiotherapy and activity-modification are often useful to promote improvement however some patients’ symptoms persist despite following the right advice and treatment plans. Steroid injections have been used in the past to treat tendon pain but some evidence suggests this can be harmful to tendons in the longer term and is not effective in the long term either.

**What is involved?**

You will be asked to lie on a treatment couch with your clothing removed from the area to be treated. Tendon fenestration starts with a fast acting local anaesthetic being injected around the area. This procedure is usually done with ultrasound guidance so the areas of the tendon fibres which are abnormal can be identified. A needle is then passed through the area of the tendon that needs treatment multiple times. This is usually quite comfortable but if you are not comfortable you should inform your clinician.

**Who will be performing this procedure?**

A Musculoskeletal Sonographer or a Radiologist performs the procedure using Ultrasound guidance to ensure the procedure is accurately placed.

**Is it Safe?**

The risks are very small as it is a very safe procedure. Ultrasound is a perfectly safe modality and poses no threat to you during this procedure.

**You must tell the clinician** if you are epileptic; on blood thinners; if you’ve ever had a bad reaction to anaesthetic injections or if you have any allergies to any medicines.

As with any injection, very rarely you could get an infection. If the area becomes more painful; hot; red or swollen after a few days you should see your doctor immediately, especially if you feel unwell. If this should occur it could need treating in hospital urgently, possibly with a course of intravenous or oral antibiotics. Allergic reaction is an extremely rare but serious side effect of anaesthetic. This reaction causes swelling and is called an anaphylactic reaction, similar to people who may be allergic to nuts or bee stings or certain materials like latex. If you have any breathing difficulties in the 24 hours following injection you should call an ambulance immediately.

**How does the procedure work?**

The evidence on why tendons cause persistent pain is mixed, one theory is that there is a failed healing response and that needling the area stimulates an inflammatory reaction and this can kick start the bodies healing response.

**What should I do prior to the procedure?**

Please avoid Non-steroidal anti-inflammatories (NSAIDS i.e. Ibuprofen/Naproxen) for 10 days beforehand (and afterwards for 2 weeks) but you can take paracetamol if it is safe for you to do so one hour prior to your procedure. Bring your reading glasses so you can read the consent form. *Please bring along someone to drive you home after the procedure*, as we would advise that you do not drive or operate heavy machinery for the rest of that day following the procedure as you may not be insured by your insurance company.

**What happens after the procedure?**

Some people do have moderate discomfort which can last for a few days after the procedure but this is not common. You may get some bruising around the injection site and the numbness of the skin may last for several hours. You will be asked to stay in the department for 15-30 minutes after the procedure before being allowed home. Most people feel back to normal after 24 hours and are usually back to work the next day , although if you have a physical manual job , you may be advised to have a couple of days off.

You should recommence or start Physiotherapy exercises following the procedure immediately and your referring clinician should guide these. This is essential as the procedure aims to allow you to regain your tendon strength more comfortably through exercise. The procedure itself will not make your tendons strong.

**Does it work?**

Like many medical treatments the evidence available for fenestration is mixed, with some people doing well with the treatment and other patients less so. A recent review of the literature in 2017 (Mattie et al.,) states that fenestration is an alternate to surgery, other papers have shown it can be effective in over 70% of patients (Jacobson et al., 2015), as a treatment option and our experience here is that it can be an effective treatment for persistent tendon pain with less risk in the long term than multiple steroid injections.

**What if it fails?**

It may be appropriate to simply continue with your Physiotherapy strengthening exercises until the natural improvement of this condition starts to happen or your specialist will discuss the other options which may be available to you. There is never an easy quick treatment for tendon pain and symptoms can often persist for a lot longer than we think they should.

**How will I be followed up?**

Your Musculoskeletal specialist who requested the procedure, may choose to follow you up at around 3 months as it can often take this long for a patient to see real changes.

**Questions or concerns?**

Your Musculoskeletal Specialist who has referred you will be able to answer any queries you may have. You can also telephone the MATT Clinic on 01243 623603.

**Reference:**

Mattie, R., (2017)Percutaneous Needle Tenotomy for the Treatment of Lateral Epicondylitis: A Systematic Review of the Literature. American **Acadamy or Physical Medicine and Rehabilitation** (PMR) 9 (2017) 603-611