

Introduction

Lateral epicondylitis (tennis elbow) and medial epicondylitis (golfer's elbow) are degenerative tendon conditions causing chronic elbow pain. Tennis elbow has a lifetime prevalence of 1–3%, typically affecting those aged 40–60; golfer's elbow is rarer. Conservative treatments including physiotherapy, bracing, NSAIDs and steroid injections often help, but refractory cases may require invasive intervention. Platelet-rich plasma (PRP), an autologous platelet concentrate, has been proposed for tendon healing. However, randomised trials and a Cochrane review show little consistent benefit over placebo or steroids for lateral elbow tendinopathy. Despite this, PRP is widely used for cases failing conventional therapy. The rate of subsequent intervention such as repeat PRP or surgery in such patients remains poorly understood.

Why Audit?

1. Rising popularity: PRP injections are increasingly used for refractory elbow tendinopathy despite lack of high-quality data from randomised controlled trials.
2. High reintervention rates: Concerns exist regarding the frequency of repeat procedures or surgery following PRP treatment.
3. Clinical uncertainty: Real-world outcomes and durability of PRP for elbow tendinopathy remain poorly understood.
4. To be able to share results with patients

Objectives

1. Service evaluation: To assess reintervention rates in our consecutive cohort and inform future treatment pathways?
 - Improve patient service

Methods

Design: Retrospective clinical audit of 83 patients with isolated lateral or medial epicondylitis treated with PRP injection at a single NHS trust.
Data collected: Patient demographics, symptom duration, imaging findings (ultrasonography/MRI) and tendon tear status.
Primary outcome: Reintervention rate, defined as repeat PRP injection or surgical release.
Follow-up: Two years.

Patient Demographics

Characteristic	Value
Mean Age	53 years
Sex (Male)	60%
Diagnosis	62 Tennis Elbow (74.7%) 21 Golfer's Elbow (25.3%)
Total Patients	83

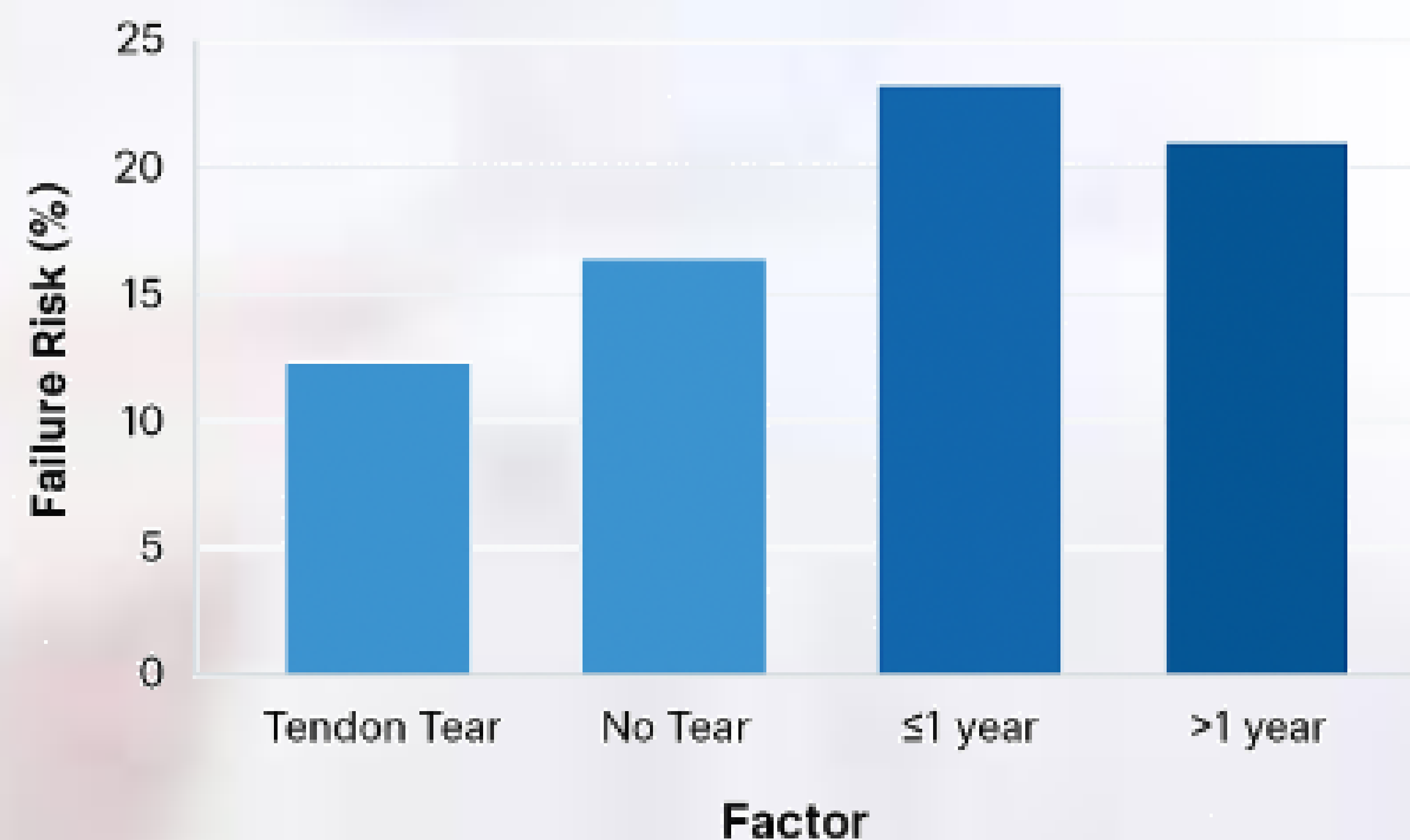
Results

Outcome	Number of Patients	Percentage (%)
Total Reinterventions	21	25.3
Repeat PRP	6	7.2
Surgery	8	9.6
Both PRP and Surgery	3	3.6

Predictive Factors and Failure

Factor	Comparison	Reintervention Rate (%)
Imaging-confirmed tendon tear	Present vs. Absent	14% vs. 16%
Symptom duration	≤1 year vs. >1 year	24% vs. 25%

Failure Risk by Symptom Duration



Limitations

1. Sampling Bias
2. Not documented outcomes
3. Single department Limited Generalisability

Conclusion

1. Reintervention Rate

1 in 4 patients required further intervention after PRP treatment
Over half of these patients ultimately required surgery

2. Predictive Limitations

Imaging findings did not reliably predict treatment outcomes
Symptom duration did not reliably predict treatment outcomes
Variable post-PRP outcomes across patient population

3. Clinical Significance

PRP remains a valuable minimally invasive treatment option
Potential to spare many patients from surgical intervention

4. Practice Implications

High reintervention rate observed in audit
Comprehensive patient counselling is essential

5. Future Research Needs

Identify predictors of long-term PRP benefit
Determine which patients can be spared surgery
Evaluate patient-reported outcomes following PRP injection

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