

Patient information · Interventional Radiology · Cochin University Hospital AP-HP

This document provides information about transcatheter arterial embolization for chronic lateral epicondylitis (tennis elbow) refractory to conservative treatment.

1. Principle

In chronic epicondylitis, abnormal blood vessels (neovascularization) develop in the painful tendon and sustain pain through neurogenic inflammation. Embolization occludes these pathological vessels with calibrated microspheres (75-100 µm), eliminating the source of chronic pain.

Embolization is proposed after failure of at least 2 corticosteroid injections and adequate physiotherapy. Success rate: 70-80% improvement at 1 year.

2. Before the procedure

- Doppler ultrasound of the elbow confirming neovascularization
- Standard blood tests
- Stop anti-inflammatory drugs 5 days before
- Wait 4-6 weeks after last corticosteroid injection

3. The procedure

- Day case: arrive in the morning, leave same day
- Local anaesthesia at puncture site
- Selective arteriography under fluoroscopic guidance
- Injection of microspheres into pathological vessels
- Duration: 45-90 minutes · 2-3 hours observation

4. Recovery

- Mild elbow pain for 24-48h (paracetamol sufficient)
- No cast or immobilisation needed
- Return to light activities next day
- Sports resumed progressively at 4-6 weeks
- Progressive improvement over 4-12 weeks
- Ultrasound and follow-up at 3 months

Warning: Continue physiotherapy (eccentric exercises) after embolization to consolidate the result.