Patient Information

ELBOW ARTHROSCOPY
&
ARTHROLYSIS

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This information booklet has been produced to help you obtain the maximum benefit from your operation. It is not a substitute for professional medical care and should be used in association with treatment at the orthopaedic clinic. Individual variations requiring specific instructions not mentioned here may be required.

If your wound changes appearance, weeps fluid or pus, or you feel unwell with a high temperature, during office hours please contact the relevant PA. Alternatively contact the hospital where you had your operation in the first instance.

Who to contact if you are worried or require further information.
PA at St. George's Hospital: 0208 725 2032
PA (Private Patients): 01737 352494
SWLEOC: 01372 735800
St. Anthony's Hospital: 0208 337 6691
Parkside Hospital: 0208 971 8000

We would like to thank the Nuffield Orthopaedic Centre (Upper Limb Clinic) for allowing us to reproduce some of the information contained in this booklet.

Patient information sheet
Elbow arthroscopy and arthrolysis

What is the problem?

The elbow can become stiff due to arthritis or as a result of trauma. Often it becomes stiff as a result of the surgery to treat fractures around the elbow. In any case the range of motion is reduced and the elbow is often painful. Most people can tolerate a significant reduction in the range. Usually something needs to be done when the hand cannot be brought to the mouth or there is a loss of extension (straightening) of more than 20^0

Treatment Options

The initial treatment is conservative. Exercises to stretch the joint capsule are recommended in the early stages following the onset of post-traumatic stiffness.

Splints and casts can be used in the early stages of post-traumatic stiffness. By the time the reduced range is noticed in the arthritic elbow it is usually to late to stretch it out.

If there is any pain then analgesics may be recommended. When conservative treatment does not give a satisfactory range of motion, surgery may be recommended. The goal of surgery is to release the tight joint capsule and remove any mechanical impediment to the motion.

Purpose of the operation
To improve the range of motion and reduce any pain.

The procedure
The operation requires a general anaesthetic
An injection into the side of the neck called an axillary block may be done to help with postoperative pain. This has risks associated with it which the anaesthetist will explain to you.

If the operation is to be done arthroscopically 4 incisions will be made in the elbow one at each side and 2 at the back. Each is less than 1cm long.
The incisions will be closed with paper stitches "Steristrips" with a small dressing over the top. A wool and crepe bandage will be wrapped over the top. A plaster of paris "backslab" may be applied to keep the arm fully straight.

Sometimes the operation is done through a 6cm incision on the outside of the elbow and occasionally with a second one on the inside. This option is more commonly used when there is metal from previous surgery to remove and will be discussed with you prior to surgery.

As result of the scalene block the arm will be numb and "dead" for up to six hours after surgery. This is entirely normal and most people go home with the arm still numb as it makes travel easier.
As soon as you feel any pain you should start the painkillers you have been prescribed.

Risks

All surgical procedures have some element of risk attached. The risks outlined below are the most common or most significant that have been reported.

Continued stiffness

It is usually possible to obtain an almost full range of motion by the end of the operation. It is very rare to keep this range by the end of the recovery period and there is often about a 10 degree loss of extension.

Infection: less than 0.1%

If an infection does occur it is usually superficial in the wounds and is easily treated with antibiotics

Rarely the infection can be deep inside the joint and this requires surgery to wash the joint out.

Nerve damage: 1%

The nerves which work the hand (radial, median and ulnar) lie very close to the elbow and it is possible to damage them during the operation. If this happens, most commonly it is just bruising and settles very rarely the damage is permanent.

What is going to happen?

The day of surgery

You will be asked not to eat or drink anything for 6 hours prior to surgery.
You will be admitted to the hospital a couple of hours before the operation and the nurse will ensure that you are fit and prepared.
The surgeon will go over the operation again with you and ask you to sign a consent form (see above for consent). The arm to be operated on will then be marked with an indelible marker.
The anaethetist will then come and discuss the anaesthetic.
When it is time for surgery you will be taken on the trolley round to the operating theatre.
After the surgery you will be taken to a recovery ward where the nurses will observe you while you wake up from the anaesthetic.
Once you are fully awake you will be taken back to the ward. As soon as you feel comfortable you may go home. You will need to have an adult with you at home as you will still be slightly under the effect of the anesthetic even if you feel fine.

1st Postop week

Leave the dressings alone
You may shower but do not soak the dressings
You must work hard to stretch out the elbow and retain the range of motion.
If the arm has been placed in a plaster backslab then you should work on the motion in the fingers and wrist.

You will be seen in the clinic 1 week following surgery. If a cast was applied, it will be removed.
The wounds will be inspected and further instructions for exercises given.
A new, removable cast may be made which is to be worn at night
Arrangements will be made for further outpatients appointments.

Frequently asked Questions

When can I shower?

Immediately after the surgery unless you are in a cast.

When will I be seen in clinic after the operation?

You will be seen at 1 and 4 weeks post surgery. Later appointments will be determined by your progress.

When can I drive?

As soon as you feel comfortable. This is usually 2-4 weeks.

When can I return to sports?

Most people are able to return to light sports at about 8 weeks. More intense activity (contact sports, weightlifting) may take 8 weeks or more.

When can I return to work?

Is the job physical?

Does the job require the operated arm?

Do I drive to get to work?

As a general rule if you can get to work you can resume a sedentary job within the week. Physical jobs will require at least 6-8 weeks.

How will I know if the operation has worked?

You will notice the improved range immediately after the operation. Over the next couple of weeks there is often a slight loss of the range, particularly in flexion (bending). If you keep going with the exercises this will recover but it is very rare to keep full extension (straightening).