the LONDON SHOULDER PARTNERSHIP

Patient Information

ELBOW REPLACEMENT

Mr. T.D.Tennent FRCS(Orth), Mr E.O.Pearse FRCS(Orth)

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 our 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.
Main switchboard: 0203 318 5775
Mr Tennent's PA: 07702 641031
Mr Pearse's PA: 0207 881 4134

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

What happens in arthritis

Arthritis is the loss of the cartilage lining the joint surface (articular cartilage). Normally this is a soft glistening smooth white tissue which acts as a bearing surface to allow the joint to move freely. If the cartilage is damaged the surface becomes rough and no longer glides. This causes pain and stiffness within the joint. The most common need for elbow replacement is in patients with rheumatoid arthritis. Less commonly it is performed in those with osteoarthritis.

Treatment Options

The initial treatment is conservative and includes the following modalities.

Activity Modification

Limiting certain activities may be necessary, and learning new exercise methods may be helpful.

Anti-Inflammatory Medications

Anti-inflammatory pain medications (NSAIDs) are prescription and nonprescription drugs that help treat pain and inflammation. While this will not cure arthritis, it may diminish the symptoms and help control pain.

Cortisone Injections

Cortisone injections may help decrease inflammation and reduce pain within a joint. While this will not cure arthritis, it may diminish the symptoms and help control pain.

Joint Supplements (Glucosamine & Chondroitin Sulphate) Glucosamine appears to be safe and **may** be effective for treatment of osteo-arthritis, but research into these supplements has been limited. Many patients **find moderate** relief with glucosamine for symptoms of arthritis.When conservative treatment does not relieve pain, surgery may be recommended. The goal of surgery is to remove the pain.

Purpose of the operation

The aim of the surgery is to remove the arthritic joint surfaces and replace them to relieve pain. The aim is not to improve the range of motion although some gains are usually seen.

The procedure

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

A 12 cm incision will be made over the back of the elbow The triceps muscle (extends the elbow) will be cut and moved to one side. The end of the humerus (arm bone) will be shaped using a saw to receive the implant. The ulna (the bone which forms the tip of the elbow) will also be prepared to receive a new surface. The radial head will be excised. The new elbow joint will be inserted and fixed into place using a special cement. The tissues will be sewn back to their original positions. A small vacuum drain may be inserted into the joint to allow any blood which collects after the operation to be removed. If the elbow was very stiff prior to surgery a backslab (partial plastercast) may be applied. As result of the axillary block the arm will be numb and “dead” for up to six hours after surgery. This is entirely and 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 pain: 5%

Sometimes it is not possible to relieve all the pain even if the operation has been performed technically well.

Infection: 1%

If an infection does occur it is usually superficial in the wounds and is easily treated with antibiotics. Infection around joint replacement is potentially very serious and hard to eradicate. In the worst case scenario the implant has to be removed and replaced after a period of several months on antibiotics.

Nerve damage: less than 0.1%

The nerves which work the hand lie very close to the elbow and have to be moved out of the way during surgery. Some numbess may be experienced for a day or 2 post-op but usually settles. If the nerves are cut during surgery then there will be loss of hand function. If there are already symptoms of nerve damage prior to surgery there is unlikely to be improvement after surgery.

Stiffness: 1%

The elbow is usually very stiff before surgery and, whilst the operation will often improve the range of motion, there is no promise of improved motion. Occasionally the elbow can become more stiff after the surgery.

Loosening of the Implant

Over time, implanted joints may loosen. Developments are constantly being made to produce longer-lasting implanted joints, but this has not been perfected. If an implant loosens to the point where patients are having significant problems, arevision surgery may need to be performed (a replacement of a joint replacement).

Fracture

The metal stems of the implant lie inside the bone and make that region very rigid. If you fall then stress is transferred to the adjacent (normal) bone and there is an increased risk of breaking the bone.

What is going to happen?

Before admission to hospital

Up to date X-rays of the elbow will be taken Blood tests, an ECG (heart tracing) and sometimes a chest X- ray will be taken to ensure that you are fit for surgery.

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.

On the day following surgery the drips and monitoring will be removed and the physiotherapists will see you. Hospital stays vary from one to three days for most patients and you can go home as soon as you are comfortable.

Your First Day at Home

You may need help with your daily activities, so it is a good idea to have family and friends prepared to help you. With their help, you will need to do the exercises you learned while in the hospital, four to six times daily. These exercises graduallyincrease the movement in your joint, so it is important to do them as scheduled.

Never use your arm to push yourself up in bed or from a chair. The added weight on your elbow may cause you to re-injure the joint.

1st Postop week Leave the dressings alone You may shower but do not soak the dressings Start the exercises as described on the separate sheet If the arm is in a cast you need to bend and straighten the fingers to stop them from getting stiff.

2nd Week You will be seen in the clinic 1 week following surgery The dressings will be removed and the wounds inspected. X-rays will be taken to ensure that the implant is stable. You should continue doing the gentle exercises.