

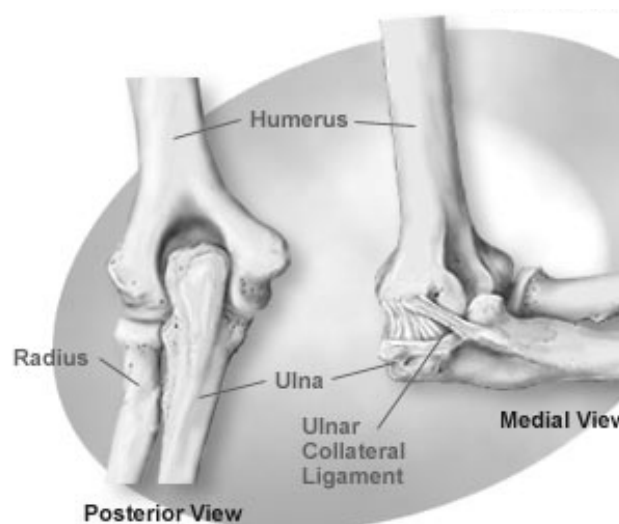
Elbow arthroscopy

This leaflet is for patients who have been recommended elbow arthroscopy (elbow surgery).

This information has been produced to help you gain the maximum benefit and understanding of your operation.

It includes the following information:

- Key points
- About your elbow
- Treatment options
- About the operation
- Risks and alternative solutions
- Frequently asked questions
- Exercises
- Contact details
- Useful links



Key points

If you are considering having elbow surgery remember these key points:

1. Nearly all are done as day case surgery (you go home the same day as surgery).
2. You will have a general anaesthetic (you will be asleep).
3. You will not need a sling beyond 1 or 2 days.
4. Most people are driving within 2 to 3 weeks.
5. Most people return to work once they can drive although it may be considerably longer if you are a manual worker.
6. You can return to sport as soon as you feel able to do so.
7. This is a safe, reliable and effective operation for 90% of people.
8. This is not always a quick fix operation symptoms may take weeks and months to improve.

About your elbow

The elbow consists of the upper arm bone (humerus) and the two bones in the forearm (radius and ulna). It works in two parts. One part acts as a hinge enabling you to bend and straighten your elbow. The second part provides rotation of your forearm, for example to put your palm up towards the ceiling to receive change in a shop.

The joint is surrounded by muscles which move the elbow. Muscles which move your wrist and fingers also attach around the elbow.

There are a number of nerves which run around and across your elbow. These nerves are responsible for controlling the muscles in your forearm and hand and are also responsible for the feeling in your hand.

Why am I being offered an elbow arthroscopy?

Elbow arthroscopy (keyhole surgery) allows the surgeon to get a good view of the inside of the joint. This enables close inspection of the joint surfaces to ensure there is no cartilage loss or damage (as after injury or a consequence of arthritis), as well as providing an opportunity to look for (and sometimes cure) the causes of pain, stiffness, locking or swelling. Operations can be performed within the elbow joint using arthroscopy such as removing loose bodies, trimming irregular cartilage, taking samples of internal inflammation (synovitis); sometimes even treating tennis elbow.

What are the treatment options?

The treatment options vary according to the underlying cause of your elbow problem. However, in almost all cases there are several things which can be tried before choosing an operation. Some of the more common examples include:

1. **Activity modification.** Find ways of avoiding those positions which make the problem worse. For example, keep changing positions and take regular breaks. For people who have a lot of night-time symptoms try wrapping a towel loosely around your elbow before you go to sleep. This will stop you being able to bend your elbow up completely and hopefully overcome a habit of sleeping in the very bent up position. You may need to adjust the way you do your job.
2. **Anti-inflammatory tablets.** Obtain these from your chemist or GP and take a 2 week course when the pain is really bad (not everyone can or should have anti-inflammatories. If in doubt, consult a doctor first).
3. **Physiotherapy.** This helps some but not all people and could be tried if the other suggestions have not helped.

The operation – elbow arthroscopy

Most people are given a full general anaesthetic (i.e. you will be asleep) although it can be done by numbing the whole arm. You are turned onto your side and a tight tourniquet (band) is inflated on your upper arm to reduce bleeding. The elbow has a complicated internal shape and therefore several small incisions (cuts) will be made around the joint in order that all areas of the elbow have been carefully inspected. An arthroscope (small camera for looking into joints) will be put into the elbow and other fine instruments may also be introduced in order to complete the operation. The exact details of what is done entirely depends on the underlying need for the procedure and your surgeon will discuss these with you before the operation.

The wounds are so small they do not need stitches and will be covered with small dressings. The whole arm will be wrapped up in a bandage and then rested in a sling.

What are the risks?

All operations involve an element of risk. We do not wish to over-emphasise them but feel that you should be aware of them before and after your operation.

Generally, this is a very safe and reliable procedure. The specific risks according to your need for the surgery will be discussed by your surgeon but some of the general risks include:

- a) **Anaesthetic complications** such as sickness, nausea or rarely cardiac, respiratory or neurological (less than 1% each, i.e. less than one person out of one hundred).
- b) **Infection.** This is usually a superficial wound problem. Occasionally, deep infection may occur many months after the operation (rare; less than 1%).
- c) **Nerve injury** (quite common, about 10%). There are many nerves which cross the elbow and which may get bruised or stretched during the course of the operation. This may present a areas of numbness in the hand and forearm. In much rarer cases, there may be weakness or a wrist drop. The majority of these settle quite quickly. The risk of a permanent nerve injury is rare (1% or less).
- d) **Pain and stiffness** in the elbow (uncommon less than 10%).
- e) **Revision.** A need to re-do the surgery is uncommon (less than 10%).

Please discuss these issues with the doctors if you would like further information.

What are the alternatives?

You have probably tried most of the alternative solutions for your problem before considering surgery. See the list above under the heading 'What are your treatment options?'

One final option is to simply put up with the problem. Sometimes this is reasonable; however, you must discuss your particular case with the surgeon as there are some conditions which can cause irreversible damage if left too long.

Questions that we are often asked about the operation

Will it be painful?

Please purchase packets of tablets such as paracetamol (painkillers) and anti-inflammatories (e.g. nurofen, ibuprofen, diclofenac) before coming into hospital.

- During the operation local anaesthetic will be put into your elbow to help reduce the pain.
- Be prepared to take your tablets as soon as you start to feel pain.
- If needed take the tablets regularly for the first 2 weeks and after this time only as required.
- If stronger tablets are required or if you know you cannot take paracetamol or anti-inflammatories talk to your GP.
- The use of ice packs (applied for 5-10 minutes) or heat may also help relieve pain in your elbow.
- The amount of pain you will experience will vary and each person is different. Therefore take whatever pain relief you need.

Do I need to wear a sling?

You will need to wear a sling for a few days after the operation while getting over the operation pain. Resting the elbow for more than a few days (3- 4) is not helpful and can lead to stiffness.

When can I go home?

You can usually go home the same day.

Do I need to do exercises?

You will be shown exercises by the physiotherapist and you will need to continue with the exercises once you go home. To get you started do the exercises at the end of this leaflet they will stop your elbow getting stiff.

What do I do about the wound?

Unwind the bulky bandage 48 hours after the operation but leave on the dressings covering the wounds for 10 days. Put on the tubigrip dressing to apply gentle compression during the day. Keep the wounds dry until it is healed, which is normally within 10 days. You must keep the elbow covered when showering or bathing until the wounds have healed.

When do I return to the outpatient clinic?

This is usually arranged for about 3 months after your operation to check on your progress. Please discuss any queries or worries you may have when you are at the clinic. Further clinic appointments are made after this as necessary.

Are there things that I should avoid?

Yes, you must avoid heavy, strenuous and repetitive tasks for 3 weeks after the operation. However, do not be frightened to start moving the elbow and in particular remember to keep stretching the elbow out straight several times a day from as soon as you get home. Gradually the movements will become less painful.

How am I likely to progress?

This depends entirely on the underlying reason for having the operation and should be discussed with your surgeon.

When can I drive?

You can drive as soon as you feel able to comfortably control the vehicle (and perform emergency manoeuvres) without hindrance from pain or without any painkillers that make you drowsy, and when you are not wearing a sling. This is normally about 2-3 weeks. It is advisable to start with short journeys.

When can I return to work?

This will depend on the type of work you do. If you have a job involving arm movements close to

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your body you may be able to return within 2 weeks. Most people return within a month of the operation but if you have a heavy lifting job or one with sustained overhead arm movement you may require a longer period of rehabilitation. Please discuss this further with the doctors or physiotherapist if you feel unsure.

When can I participate in my leisure activities?

Your ability to start these activities will be dependent on pain, range of movement and strength that you have in your elbow. You must avoid heavy, strenuous and repetitive tasks for 6 weeks after the operation. It is best to start with short sessions involving little effort and then gradually increase the effort or time for the activity. However, be aware that sustained or powerful overhead movements (e.g. trimming a hedge, some DIY, racket sports etc.) will put stress on the elbow and may take longer to become comfortable.

Exercises

- Use painkillers and/or ice packs to reduce the pain before you exercise.
- **It is normal for you to feel aching, discomfort or stretching sensations when doing these exercises.** However, if you experience intense and lasting pain (e.g. more than 30 minutes) reduce the exercises by doing them less forcefully or less often.
- **Do short frequent sessions** (e.g. 5-10 minutes, 4 times a day) rather than one long session.
- Gradually increase the number of repetitions you do.

Standing, sitting or lying

Let your arm relax down straight.

Repeat 5 times.

Rotating

Rest your forearm on a flat surface.

Try and turn your palm up towards the ceiling.

Then turn palm down.

Do not let your elbow lift off the table

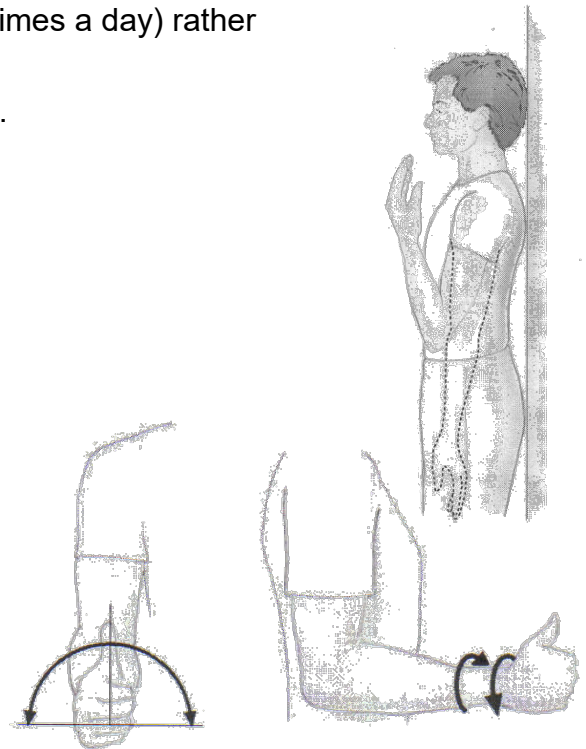
Repeat each movement 5 times.

Wrist exercises

Keep your arm in the sling or rest your forearm on a flat surface.

Keeping your forearm still, move your hand up and down, bending at the wrist.

Do this with your fingers straight and then with them bent (i.e. with a fist and without). Repeat each 5 times.



Useful links

<http://www.nhs.uk/conditions/Arthroscopy/Pages/Introduction.aspx>

www.orthogate.org/patient-education/elbow

This information sheet is not a substitute for professional medical care and should be used in association with treatment at your hospital. Individual variations requiring specific instructions not mentioned here might be required. It was compiled by Mr Harry Brownlow (Consultant Orthopaedic Surgeon) and Catherine Anderson (Specialist Physiotherapist) and was reviewed by Mr Amar Malhas.

Contacting us

If you have any concerns or problems following your discharge, you can contact the ward for general advice by telephoning:

Redlands Ward 0118 322 7485

Hurley Trauma Unit 0118 322 7335 / 7336

Adult Day Surgery Unit 0118 322 7622

Pre-op Assessment 0118 322 6546

Orthopaedic Clinical Admin Team (CAT5) 0118 322 7415 or email: rbbh.CAT5@nhs.net.

Any concerns you may have during the first 24 hours of your discharge please telephone the ward you were on. After 24 hours please seek advice from your GP or NHS111.

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Please ask if you need this information in another language or format.

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