Elbow Replacement Surgery

Patient Information

Orthopaedics Department
Introduction

Elbow Replacement Surgery
This leaflet aims to help you understand and gain the maximum benefit from your operation. It is not a substitute for professional medical care and should be used in association with treatment at WWL NHS Trust. Each person’s operation is individual and you may be given specific instructions that are not contained in this leaflet.

The Elbow
The elbow is a hinge joint. The humerus (upper arm bone) joins with the top of the ulna and radius (forearm bones). The elbow flexes and extends, and rotates the forearm to turn your palm up or palm down.
**Aims**

**Why does the joint need replacing?**
The two main reasons for replacing the elbow joint are arthritis or severe fracture.

Arthritis can come in two common forms which are osteoarthritis and rheumatoid arthritis. With all forms of arthritis, the joint becomes painful and difficult to move. Elbow replacement could be a method of relieving the pain and restoring function when the medical treatment does not work.

Elbow replacement may be recommended when an individual has an injury to the elbow that cannot be fixed either because the bone is broken into too many pieces, or because the quality of the bone is not suitable for fixation.

**Benefits of an Elbow Replacement**
The operation replaces the damaged joint surfaces with a synthetic joint (commonly made of metal and plastic). The aim of elbow replacement surgery is to give you a pain free, mobile elbow that enables you to perform normal everyday activities. It is recommended that after this surgery the arm is not used to carry heavy objects or for heavy manual activities, as these may lead to early failure of the replacement.

Elbow replacement can come in two major forms which are total elbow or partial elbow replacements. A total elbow replacement commonly involves replacing the joint surfaces of the humerus (upper arm bone) and ulna (the inner forearm bone). The radius (outer forearm bone) joint surface may also need replacement. Your surgeon will discuss this in detail with you. A partial elbow replacement is carried out for a fracture and involves only replacing the humeral surface or the radial surface.

**Risks**
Decisions regarding surgical treatment are best taken jointly between the surgeon and an informed patient. In addition to the surgeon explaining the procedure, you must take the opportunity to ask and to clarify, any concerns you have, no matter how trivial you feel your concern may be.

All surgical procedures have a degree of risk. The risk can be from the surgical procedure or from the anaesthetic. Your surgical and anaesthetic team do everything possible to reduce the risk of complications.

**Risks of Elbow Surgery**

**Infection**
Infection can occur deep in the joint, or in the wound. It can occur soon after the surgery, or years later. The risk of infection is low.
You should contact the hospital orthopaedic outpatient department (see contact numbers on page 9) if your elbow becomes more painful, red, swollen, if your wound starts to ooze, and if you have a fever or feel unwell.

Minor infections can usually be treated with antibiotics. In deep infections the replacement may need to be removed.

**Nerve injury**
The nerves that are close to the elbow may be damaged during the surgery. The risk of nerve injury is low. Care is taken to protect the nerves during the surgery, but there is a risk of damage.

Nerve injury may result in pins and needles, reduced sensation or weakness in the hand. This is usually temporary, but may be permanent.

**Bleeding**
During the surgery steps are taken to reduce the amount of bleeding and blood loss. There is a risk that you may bleed more than expected. The risk of this is low. The surgeon would manage this at the time. Bleeding problems that require a blood transfusion are very rare.

**Haematoma**
Haematoma is a collection of clotted blood. The haematoma normally resolves, but sometimes may not. This means having another small operation to remove the haematoma to avoid infection.

**Fracture**
The bones around the elbow may break (fracture). This can happen either during the surgery, or later. The risk of fracture is low.

In such a case further surgery is likely to be needed to address this.

**Implant Problems**
The elbow replacement may wear or loosen with time. The implant may fail or break. In these situations it is likely that revision surgery will be required. At 10 years, 8 out of every 10 elbow replacements will not have required any further surgery.

You can take steps to reduce the wear on the implant, see below.

**Wound Healing Problems**
The wound from the surgery will usually heal within 2 weeks. For some patients this may take longer. Smoking will increase the time that it takes for the wound to heal.
Most surgical scars have disappeared to a thin pale line by one year after surgery. In some people a thickened scar remains. If you are concerned about your scar you must discuss it with your surgeon or therapist, as there are many treatments to improve scar healing.

**Stiffness**  
There is a risk that your elbow will not regain full movement after the replacement. This may be due to scarring or due to bone growth in the soft tissues.

**Pain**  
There is a low risk that you will have ongoing pain after the surgery.

**General risks of surgery**  
A pre-operative assessment will be carried out by the anaesthetic team. They will assess your general health, fitness and suitability of having an anaesthetic.

There are some serious, but extremely rare risks associated with having an anaesthetic and an elbow replacement. These include having a heart attack, a stroke, a blood clot in your legs or lungs, and death.

**Alternatives to surgery**  
The decision to proceed with an operation is an individual choice between every patient and their Surgeon. You will only be offered an operation if your surgeon believes that this will help improve your symptoms. Very few operations are essential and all have a degree of risk. Some patients can learn to manage their symptoms with painkillers, and improve their function with muscle strengthening and physiotherapy.

**Function Following an Elbow Replacement**  
An elbow replacement is unlikely to last forever. The more it is used, the faster it is likely to wear out. You should be aware that elbow replacement surgery is carried out to reduce pain, not provide strength. However, it is likely that a reduction in pain will improve your function.

You should only use your arm with an elbow replacement for ‘light’ activities. You should avoid lifting objects with your elbow replacement arm, and avoid repetitive activities (even with less weight) should be avoided. You should also avoid activities where you hold an object to carry out a task, for example a hammer, golf club, racquet, or spade. These activities may reduce the lifespan of your joint replacement.

Activities such as washing, dressing, cooking, light gardening, and light domestic chores are ok to do if they are not repetitive and do not continue for prolonged periods of time. Lifting light objects such as clothing, a cup, or meal preparation is fine.
The exercises aim to stop your elbow getting stiff, and to strengthen your muscles. They when you go home. Outpatient physiotherapy appointments will be organised for you.

Do I need to do exercises?
Yes. You will be shown exercises by the Physiotherapist. You will start exercises to move the elbow on the first day after the operation. You will then need to continue with exercises when you go home. Outpatient physiotherapy appointments will be organised for you.

The exercises aim to stop your elbow getting stiff, and to strengthen your muscles. They will be changed as you progress, and made specific to your elbow and your lifestyle.

Will it be painful?
Although the operation is to relieve pain, it may be several weeks before you begin to feel the benefit. You may have had a local anaesthetic nerve block as part of the anaesthesia so you may wake up with a numb arm. This local anaesthetic will wear off over the first day, so it is important to take medication regularly to begin with to keep the pain under control. You will be given painkillers (either as tablets or injections) to help reduce the discomfort whilst you are in hospital. One-week prescription of pain medication will be given to you on discharge. It is important to keep the pain to a minimum by taking regular pain relief, this will enable you to move the elbow joint and begin the exercises that you will be given by the Physiotherapist. If you require further medication after these are finished, please visit your General Practitioner (GP).

You will probably have some bruising and swelling around the elbow and forearm. This will gradually disappear over a period of a few weeks. You may find ice packs over the area helpful. Use a packet of frozen peas, placing a damp towel between your skin and the ice pack. Use a waterproof dressing over the wound until it is healed. Leave the ice pack on for up to 20 minutes, checking the skin frequently for signs of ice burn, or changes in the skin. Remove the ice pack if you are at all concerned. You can repeat this several times a day.

Do I need to wear a sling?
Your arm will be in a sling for between 2 and 6 weeks; this protects the surgery during the early phases of healing and makes your arm more comfortable. The Physiotherapist will advise you post-operatively for how long you will need to wear the sling. The sling will then gradually be used less as the repair heals and the muscles regain their strength. A Nurse or Physiotherapist will show you how to take the sling on and off.
You will need to get into the habit of doing regular daily exercises at home for several months. They will enable you to gain maximum benefit from your operation.

**What do I do about the wound?**
Your wound will most likely have a shower-proof dressing on when you are discharged. You will be given extra dressings to take home with you. You may shower or wash with the dressing in place, but do not run the shower directly over the operated elbow, or soak it in the bath. Pat the area dry and do not rub.

Sometimes you will be discharged with bandages around your arm, or with a non-shower proof dressing. If this is the case you will not be able to shower until they are removed. The Nurses on the ward will advise you.

You may have dissolvable stitches and sticky dressings called Steristrips. If not, the stitches/ clips will need to be removed at your GP practice or at your hospital follow up appointment. The nursing staff will advise you when this can happen; it is usually between 10–14 days after your operation. Avoid using spray deodorant, talcum powder or perfumes on or near the wound until it is fully healed. Please discuss any queries you may have with the Nurses on the ward.

**When do I return to the outpatient clinic?**
This is usually arranged for approximately 2-3 weeks after you are discharged from hospital, to check on your progress. Please discuss any queries or worries you may have when you are at the clinic. Appointments are made after this as necessary.

At clinic you will usually have an X-Ray to check your replacement.

**Are there things that I should avoid doing?**
1. Avoid lifting anything.

2. Avoid repetitive activities other than exercises shown to you by your physiotherapist.

3. Avoid leaning with all your body weight on your arm. For example, leaning heavily on your arm to get out of a chair.

When your Physiotherapist advises you that you can remove the sling during the daytime, do not be frightened to start moving the arm as much as you can. Gradually the movements will become easier.
How I am likely to progress?
This is dependent upon your procedure and can be divided into 3 stages:

Stage 1: Sling and exercises
You will basically be one handed immediately after the operation. This will affect your ability to do everyday activities, especially if your dominant hand is the side of the operation and you may need some help.

Activities that are affected include dressing, shopping, eating, preparing meals and looking after small children. You will probably need someone else to help you. You may also find it easier to wear loose shirts and tops with front openings. (See guide to daily activities).

Stage 2: Regaining everyday movements
When advised by your team you can gradually wean yourself out of the sling. Do not be frightened to try and use your arm at waist level for light tasks. The pain in your elbow will gradually begin to reduce and you will become more confident. You will be seeing a Physiotherapist and doing regular exercises at home to get the joint moving and to start regaining muscle control. If you feel unsure about what you can or cannot do, please discuss this with the Physiotherapist.

Stage 3: Regaining function
The exercises are now designed to improve the movement available and get the muscles to work to give you an elbow that can carry out everyday tasks.

This may be a slow process, particularly if your arm was painful and stiff before the operation. Overall, you will gradually have an increasing ability to use your arm for daily tasks (see driving, work and leisure sections later). Function can continue to improve for many months - even up to a year or more.

Unfortunately, sometimes you may find it is difficult to regain movement even though you are trying very hard. Even if the muscles will not work properly, the pain in the elbow joint should still be much less than before your operation. Most improvement will be felt in the first 6 months, but function and movement can continue to improve for 18 months to 2 years.

When can I return to work?
Following an elbow replacement we only advise light/sedentary work, for example office work. Your return to work date is variable, and may be from 6 weeks. Please discuss any queries with the therapists or hospital Doctor. We strongly advise that you do not return to a physical or strenuous job following an elbow replacement.
**When can I drive?**
You cannot drive while you are wearing the sling. After that period, the law states that you should be in complete control of your car at all times. It is your responsibility to ensure this and to inform your insurance company about your surgery.

**When can I participate in my leisure activities?**
You must be aware that elbows wear with use. The more that the forearm is used it is likely that the lifespan of the joint replacement will be shorter.

**General examples:**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work (light duties)</td>
<td>from 6 weeks</td>
</tr>
<tr>
<td>Work (manual work)</td>
<td>Not advised</td>
</tr>
<tr>
<td>Swimming (breast stroke)</td>
<td>12 weeks</td>
</tr>
<tr>
<td>Swimming (freestyle)</td>
<td>12 weeks</td>
</tr>
<tr>
<td>Golf</td>
<td>Not advised</td>
</tr>
<tr>
<td>Lifting</td>
<td>Not advised</td>
</tr>
<tr>
<td>Light Gardening</td>
<td>To be discussed with the consultant</td>
</tr>
</tbody>
</table>

**Guide to daily activities**
Some difficulties are quite common, particularly in the early stages. We will help you to be as independent as possible during your rehabilitation. Everyone is different, so your individual needs will be assessed. We appreciate that you may have been having many of these problems before your operation. Please discuss your difficulties with the orthopaedic team or GP.

If you have any caring responsibilities for others you may need to make specific arrangements to organise extra help. Discuss your needs with your GP or hospital staff prior to your surgery.

Getting on and off seats - raising the height can help e.g. an extra cushion.

Hair care and washing yourself - long handled brushes and sponges can help to stop you twisting your arm out to the side.

Dressing - wearing loose clothing, either with front fastenings or which slip over your head. For ease, also remember to dress your operated arm first and undress your operated arm last.

Eating - a non-slip mat can help when one handed. Use your operated arm once it is out of the sling as you feel able.

Household tasks/cooking - light tasks can be started once your arm is out of the sling.
Exercises – general points

- 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. If you experience intense and lasting pain (e.g. more than 30 minutes) do it less forcefully or less often. If this does not help, discuss the problem with the Physiotherapist.

- Do short, frequent sessions (e.g. 5 to 10 minutes, 4 times a day) rather than one long session. Gradually increase the number of repetitions. Aim for the repetitions your therapist advises. The numbers stated here are rough guidelines. After 3 to 4 weeks you can increase the length of time exercising. Get into the habit of doing them.

Contact

Wrightington Orthopaedic Outpatient Department: 01257 256299

Wrightington Inpatient Physiotherapy Team: 01257 256307 (answer machine available)

Wrightington Outpatient Physiotherapy Team: 01257 256305

Wrightington, Ward One: 01257 256550
Please use this space to write notes/reminders.
Comments, Compliments or Complaints

The Patient Relations/Patient Advice and Liaison Service (PALS) Department provides confidential on the spot advice, information and support to patients, relatives, friends and carers.

Contact Us

Tel: 01942 822376 (Monday to Friday 9am to 4pm)

The Patient Relations/PALS Manager
Wrightington, Wigan and Leigh NHS Foundation Trust
Royal Albert Edward Infirmary
Wigan Lane
Wigan WN1 2NN

Ask 3 Questions

Become more involved in decisions about your healthcare. You may be asked to make choices about your treatment. To begin with, try to make sure you get the answers to three key questions:

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

How We Use Your Information

For details on how we collect, use and store the information we hold about you, please take a look at our “how we use your information” leaflet which can be found on the Trust website: www.wwl.nhs.uk/patient_information/Leaflets/default.aspx

This leaflet is also available in audio, large print, braille and other languages upon request. For more information please ask in department/ward.