Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Elbow replacement Surgery

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Elbow Replacement Surgery

Patient Information

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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.

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 inflammatory arthritis for example 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.

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. These will be discussed with you prior to any surgery.

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.

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, 8-9 out of every 10 elbow replacements will not have required any further surgery.

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 help from the physiotherapy and occupational therapy team.

Frequently asked questions

Will it be painful?

Although the operation is to relieve pain, it may be several weeks before you begin to feel th e 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 i t 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 willbe given by the Physiotherapist. If you require further medication after these are finished, please visit your General Practitioner (GP).

Following your operation it is common to experience 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 betwee n 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?

You will be given a sling to use for the first few days. The sling can be removed to do exercises. You can stop using the sling completely as soon as you are feeling comfortable without it. We encourage you to remove the sling within the first 2 weeks as it helps to prevent your elbow becoming stiff.





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.

What do I do about the wound?

Your wound will 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.

You will be discharged with bandages around your arm, these can be removed after 48 hours.

Underneath the bandages is a shower proof dressing, The shower proof dressing covers the dissolvable stitches and sticky dressings called Steristrips. It is important that the shower proof dressing remains dry and clean until they are removed at your 2 week orthopaedic

clinic review.

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

Please discuss any queries or worries you may have when you are at the clinic.

Appointments are made after this as necessary.

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.

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 can remove your sling as you start to feel more comfortable. Most people have removed the sling within the first 2 weeks. Wearing a sling 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 may be 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

Once you have started to remove the sling, try to 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 guided through an exercise regime by a Physiotherapist. If you feel unsure about what you can or cannot do, please discuss this with your Physiotherapist.

Stage 3: Regaining function

The exercises are now aiming to improve the function of your elbow so that you can carry out everyday tasks.

This may be a slow process. Function can continue to improve for many months.

Most improvement will be felt in the first 6 months, but function and movement can continue to improve for 18 months to 2 years.

Are there things that I should avoid doing?

Avoid heavy lifting and repetitive activities, other than the exercises shown to you by your physiotherapist.

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

When can I return to work?

You can return to work from 6 weeks.

Following an elbow replacement we currently advise light/sedentary work, E.g. office work. Please discuss any queries surgical team or Physiotherapist.

We 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. Once you have discarded the sling you may return to diving as long as you are confident that you are in complete control of your car at all times, including making evasive manoeuvres and emergency stops. It is your responsibility to make this judgement and to inform your insurance company about your surgery.

When can I participate in my leisure activities?

General examples:

Work (light duties)	from 6 weeks
Work (manual work)	Not advised
Swimming (breaststroke)	12 weeks
Swimming (freestyle)	12 weeks
Golf	Not advised
Light Gardening	To be discussed with the consultant

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.

Contact Details

Wrightington **Orthopaedic Outpatient Department** telephone 01257 256299

Wrightington **Inpatient Physiotherapy Team** telephone 01257 256307 (answer machine available)

Wrightington **Outpatient Physiotherapy Team** telephone 01257 256305

Wrightington, **Ward One telephone** 01257 256550

Acknowledgement

Images are from Lennard Funk's informational & educational website
https://www.shoulderdoc.co.uk/



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