Elbow Joint Replacement
A guide for patients

GATESHEAD UPPER LIMB UNIT
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The elbow joint

The elbow consists of three bones; the humerus which is the upper arm bone, the radius and the ulna which are the forearm bones.

Diagram of the elbow joint

The joint works in two parts; one acts as a hinge enabling you to bend and straighten the elbow, the other allows rotation to turn your palm up and downwards.

What is elbow joint replacement surgery?

The operation is designed to replace the joint surfaces, creating a hinge joint. The top of one of the forearm bones (the radius) is removed and both sides of the joint are replaced. This can be done either with or without bone cement. The elbow replacement itself is made of metal and plastic.

To get into the elbow joint the muscle on the back of the elbow (the triceps) is split. Once the elbow replacement has been inserted, this muscle is then re-stitched at the end of the operation.

Why do I need an elbow replacement?

The most common reason for replacing the elbow is arthritis, usually rheumatoid arthritis. It may also be recommended if you have osteoarthritis which makes your elbow stiff and painful or if you have a severe fracture to the elbow.

The main reason for doing the operation is to reduce the pain in the elbow. You may also gain more movement in your elbow; bending the elbow to reach the mouth and turning the forearm usually show the greatest improvement. However, you should be aware that following the operation your elbow may not straighten out any further than before.
Are there any complications with elbow replacement?

Complications following elbow surgery are not uncommon (approx. 30%), however most are just temporary and can be treated successfully. The risks of these complications occurring will vary from patient to patient so will be discussed on an individual basis.

**Infection:** Superficial wound problem can be treated with antibiotics. Rarely a deep wound infection may require further surgery.

**Nerve Damage:** Temporary tingling or numbness in the little and ring fingers are quite common. Permanent nerve injury is rare.

**Loosening:** The new elbow replacement may become loose with time, requiring further surgery.

**Dislocation:** The components of the elbow replacement can dislocate (separate), requiring further surgery.

**Broken Bone:** Due to very thin and weak bone quality a fracture of the elbow bones can occur during surgery or at any stage thereafter. This would be treated either with plaster immobilisation or further surgery.

**Stiffness:** The elbow can become more stiff following the operation which may require further surgery to improve the movement.

How long will I be in hospital?

The operation is usually carried out as an inpatient. The majority of patients are admitted to hospital on the day of their surgery. However it may be necessary to admit you the day prior to surgery. The anaesthetist will make this decision and inform you. The average length of stay following this surgery is 2-3 days.

What happens before the operation?

Prior to admission you may need to have a pre-operative assessment. This is an assessment of your health to make sure you are fully prepared for your admission, treatment and
discharge. The pre-operative assessment nurses will help you with any worries or concerns that you have and will give you advice on any preparation needed for your surgery.

Before the date of your admission please, read very closely, the instructions given to you. If you are undergoing a general anaesthetic you will be given specific instructions about when to stop eating and drinking, please follow these carefully as otherwise this may pose an anaesthetic risk and we may have to cancel your surgery. You should bath or shower before coming to hospital. On admission a member of the nursing staff will welcome you. The nurses will look after you and answer any questions you may have. You will be asked to change into a theatre gown.

The surgeon and anaesthetist will visit you and answer any questions that you have. You will be asked to sign a consent form. A nurse will go with you to the anaesthetic room and stay with you until you are asleep. A cuff will be put on your arm, some leads placed on your chest, and a clip attached to your finger. This will allow the anaesthetist to check your heart rate, blood pressure and oxygen levels during the operation. A needle will be put into the back of your hand to give you the drugs to send you to sleep.

**What happens after the operation?**

After your operation you will then be taken to the recovery area where you will be closely monitored by a recovery nurse until you are awake and comfortable. A nurse will check your blood pressure, pulse and the area where the operation has been done. You will have a clear oxygen mask in place and sometimes the oxygen will be continued on the ward. Once your initial recovery period is over you will be transferred to the ward. You will normally be able to have a drink shortly after the procedure and eat as soon as you feel hungry.

You can usually get out of bed an hour or so after you wake up and you should wait for the nurses to help you as you may feel a little dizzy at first. It is likely to be a bit painful where the operation has been carried out, but if you move carefully, the pain is not usually severe. The nurses will monitor your pain and give you painkillers, if necessary. It is quite normal for a small amount of blood to soak through the dressing and this can easily be changed. Sometimes the staff will need to press gently on the dressing for a while to prevent this happening again.

**Recovery after surgery**

This leaflet gives a guide to when you may be able to do things, however you must always be guided by your physiotherapist or surgeon. You will be seen by a physiotherapist on the ward after your operation and they will advise you on exercises for your wrist and hand. You will be fitted with a removable cast on the back of your arm to protect the new joint. You will be shown how to remove it for exercise. The exercise must be followed carefully to avoid damaging the repaired structures.

An appointment will be made for you to be reviewed by a member of the upper limb team in clinic. You will also be monitored by a physiotherapist on discharge from hospital. If you have not been given your physiotherapy appointment, please contact us. Tel 0191 4452320 (See numbers on back of leaflet).
**When do the stitches come out?**

The stitches (or clips) will be removed at your GP surgery usually 10-14 days after your operation. You must keep the wound dry and covered until it is well healed. The nursing staff will advise you about this before your discharge from hospital.

**Pain**

Some degree of pain and discomfort is usual after surgery. Your GP/Pharmacist should be able to advise you on effective pain control. If you feel you are unable to manage your pain please discuss this with your GP, Surgeon or Physiotherapist.

**Wearing the cast**

As mentioned above, you will have a cast fitted to the back of your arm 1-2 days after surgery. Instructions regarding the use of the cast will be given to you by your physiotherapist.

If you find it difficult to sleep you can use pillows in front of you to rest your arm on.

**Washing**

You may remove the cast to wash once the wound is healed and the stitches have been removed. You will be shown how to position your arm while showering/bathing. You must not use your arm for washing or attempt to lift yourself out the shower or bath with the arm.

**Daily activities**

For the first 4 weeks all activities of daily living e.g. eating, dressing, cooking etc must be done using your un-operated arm.

At 4 weeks you will be slowly allowed to slowly wean from the cast through the day. You can use your arm gently at waist level for light tasks. You must not lift anything or try to push your arm straight. Avoid pushing yourself out of a chair, pushing a door, polishing, reaching for a seatbelt etc.

At 6 weeks you will be able to leave the cast off altogether and gradually increase your activities. You should still avoid lifting and pushing with the arm. You should avoid twisting the elbow with the arm out to the side.

**Leisure activities**

Your physiotherapist and surgeon will advise you when it is safe to resume your leisure activities.

You are advised not to do any forceful pushing and pulling activities e.g. bowling, gardening etc. It is recommended that you should not lift heavy objects at all in the future.
Returning to work

If you have a heavy manual job you will be unable to return to work in the same capacity. We advise you to avoid lifting weights over approximately 10lbs in weight and avoid pushing/pulling activities.

If your job involves overhead activities we recommend you avoid these for 3-6 months. If you have a light job we recommend you have a minimum of 8 weeks off work.

This should be discussed with your physiotherapist or surgeon

Driving

You should be able to return to driving a power assisted car at approximately 8 weeks. Driving will be more difficult if your left arm has been operated on due to using the gear stick and handbrake.

We advise that you should check with your insurance company before starting driving.

Physiotherapy

Rehabilitation is important if you are to get the most out of your elbow after the operation.

As already discussed you will have a removable splint fitted to your elbow 24 - 48hrs after your operation, which should only be removed for hygiene and exercise in the first 4 weeks.

Your physiotherapist will teach you gentle exercises for your elbow using your other hand for support. The exercises are initially very gentle to allow the muscle on the back of the arm to heal. It is important that you don’t try and push your arm straight, but use your other arm to lower it down.

You will be instructed how and when to progress your exercises by your physiotherapist. Please check with your physiotherapist before recommencing any manual work or leisure activity.

If you are at all concerned about your elbow please contact us, see telephone numbers on the back of the booklet.

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<th>Telephone numbers</th>
<th></th>
<th>0191 4453009</th>
<th>0191 4453005</th>
<th>0191 4452320</th>
<th>0191 4820000</th>
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<td>During the hours of 8am -8pm contact the Day Surgery Unit, North East NHS Surgery Centre, Queen Elizabeth Hospital</td>
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<tr>
<td>During the hours of 8am -8am contact Level 1, North East NHS Surgery Centre, Queen Elizabeth Hospital</td>
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</tr>
<tr>
<td>During the hours of 0800 -1630 contact the Physiotherapy Department (please ask for a member of the upper limb team)</td>
<td></td>
<td>0191 4453009</td>
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Data Protection

Any personal information is kept confidential. There may be occasions where your information needs to be shared with other care professionals to ensure you receive the best care possible.

In order to assist us improve the services available your information may be used for clinical audit, research, teaching and anonymised for National NHS Reviews. Further information is available in the leaflet Disclosure of Confidential Information IL137, via Gateshead Health NHS Foundation Trust website or the PALS Service

Useful Organisations
The Arthritis Research Campaign
PO Box 177
Chesterfield
Derbyshire
S41 7QT
Tel: 0870 850 5000

www.arc.org.uk
Funds research and produces a free range of leaflets and information booklets

Arthritis Care
18 Stephenson Way
London
NW1 2HD
Tel: 0207 380 6500
www.arthritiscare.org.uk
Offers self help support and a range of leaflets on arthritis

Patients Association
PO Box 935
Harrow
Middlesex
HA1 3YJ
Tel Helpline: 0845 608 4455
www.patients-association.com

Provides a helpline, information and advisory service. It also campaigns for a better health care service for patients.

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This leaflet can be made available in other languages and formats upon request