

Patient Information Sheet

Elbow Arthroscopy

What's the Problem?

The elbow joint works as a hinge and rotator of the forearm. As a joint, it can develop osteoarthritis, which is where the cartilage which allows smooth gliding of the ends of the bones wears away. This leads to bone on bone articulation. As this process is developing, small fragments of bone can break away and float inside the elbow. They act like a pebble getting caught between two cogs, and the end result can be sharp catching and pain in the elbow, with restriction in range of motion



How can you treat it?

In some instances, non-surgical treatment is appropriate. This includes:

- Taking pain relief
- Steroid injections
- Physio to mobilise the elbow and surrounding muscles/tendons

Ultimately, surgery is only reserved for patients whose symptoms do not resolve with non operative measures.

The Operation:

An elbow arthroscopy is a keyhole operation. A few small 1cm sized incisions are made around the elbow. A camera is inserted into the joint and any loose bodies floating within can be identified and removed. At the same time, the joint will be cleaned up, with removal of any inflammatory capsular tissue or prominent bone which may be impinging during range of motion

The Anaesthetic:

You will be asleep for the duration of the operation (ie a general anaesthetic). The anaesthetist may talk to you about a nerve block before the operation, which helps with pain relief and generally lasts 24-48 hours. Alternatively, Mr Lau can put local anaesthetic into the wound whilst you are asleep, which can also help reduce pain.

What are the Risks of this Operation?

- **Infection:**
Usually only a superficial wound infection to the top-most layer of the skin. In rarer cases a deep infection can develop and this is a serious complication that may require further surgery. Rare but serious, ~1%.
- **Stiffness and ongoing pain:**
It is common to have stiffness for a few months after the operation and in some cases the elbow may not be able to straighten fully. This is because your elbow tends to stiffen with fibrous or scar tissue after surgery. Physio will help with improving movement, but some elbow rehabilitation will be required.
- **Damage to the nerves and blood vessels around the elbow.**
Rare but serious, <1%

Benefits:

If Mr Lau recommends an elbow arthroscopy, it is because he feels you will have a better outcome with surgery. In particular, your elbow will be more pain free, and have greater functional improvements than if it was treated non surgically.

What can I expect?

You will wake up with your arm in a sling after your surgery. If you have had a nerve block, you shouldn't feel any pain till the next day. The nurses will provide you pain relief and a physio will see you to go through some exercises you can do to mobilise the fingers, elbow and wrist to prevent excessive stiffness in these joints. These exercises will change over the next few weeks to months but you should try to do them regularly to maximise your rehabilitation. There are generally no restrictions to lifting or range of motion about the elbow after this operation and a sling need only be used for your comfort.

Most patients feel comfortable to go home the same day as surgery, although if you are too sore, an overnight stay is easily arranged. An appointment will be made for you for a wound check at 2 weeks. At this time, the dressings will be removed and you should just need to be in a sling for comfort. Another appointment with Mr Lau will be at 6 weeks with repeat XRs.

What should I avoid doing?

- In the first 2 weeks:
Keep your wound dry. Try to mobilise your fingers, elbow and wrist as much as possible
- Between 2 and 6 weeks:
Your arm will be in a sling, which you can gradually use less and less. There are no restrictions to bending or lifting the elbow.

These notes have been prepared by Mr Simon Lau. They are general overviews and information aimed for use by his patients. They reflect Mr Lau's views, opinions and recommendations. They do not constitute medical advice. The contents are provided for information and education purposes only. Please seek Mr Lau's specific advice with any questions regarding medical conditions and treatment.

Return to...?

- **Work**

Depends what you do. Desk based work can be done from 2 weeks post operatively, if you can do these tasks single handedly. Otherwise generally 6 weeks before you can use both hands freely whilst seated.

- **Drive**

In Australia, you can't drive unless you are in full control of both your arms. Therefore, whilst you're in a sling, you cannot drive. Generally 6 weeks post operatively.

- **Sports/Hobbies:**

- Gentle swimming: after 6 weeks
- Gardening (light tasks only): 6 weeks
- Bowls: after 6 weeks
- Golf, tennis, badminton, squash: after 3 months
- Weights: commence after 6 weeks

Concerns or Questions?

If you have any concerns post operatively, or you would like further information, please contact Mr Lau through the VBJS on 03 5752 5020 or via email at admin@vbjs.com.au