

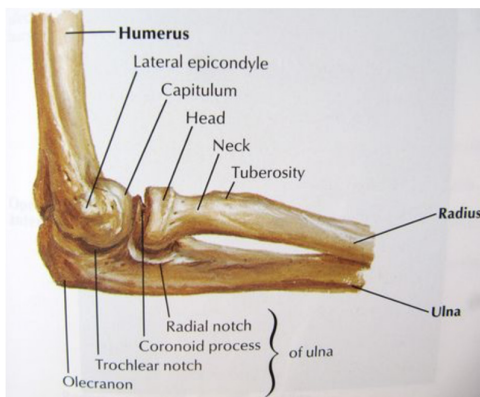
ELBOW ARTHRITIS, ELBOW STIFFNESS, LOOSE BODIES

This information aims to help you understand your condition and gain maximum benefit from your treatment. It covers the most commonly asked questions. However, every individual is different, and you should ask as many questions as you like.

ELBOW ANATOMY AND FUNCTION

The elbow joint is a type of hinge joint. It bends (flexion) and straightens (extension), as well as rotating to position your palm up or down. The joint is surrounded by a sleeve of soft tissue (the capsule) which holds the bones together.

For most people a bit of loss of motion does not cause problems with function. However, with a reduction of extension greater than 30 degrees and or a flexion less than 130 degrees most people will complain of loss of function. Loss of extension is usually less disabling than loss of same degree of flexion.



ELBOW STIFFNESS

There are many possible causes of a stiff elbow. The commonest cause is after trauma and injury. Some stiffness after an elbow injury is very common. This is usually due to some stiffening of the capsule which becomes less flexible than normal. Usually this improves, but sometimes it may not. The amount of stiffness is directly related to the degree of initial trauma. If the running surfaces of the joint were also injured this can make residual stiffness more common.

ELBOW ARTHRITIS

The bone surfaces of the elbow joint are covered in a specialized type of cartilage. This produces a very smooth low friction joint. The joint surfaces can get worn out or damaged causing pain. This is arthritis. Bone spurs also form in arthritis which can rub against each other at the extremes of motion causing 'impingement' pain. Occasionally fragments of bone and cartilage may break off. They can move around the joint causing episodic catching when the elbow moves.



THE OPERATION

The aim of surgery is to remove the cause of the stiffness. Sometimes this can be done by arthroscopic (keyhole) techniques but sometimes an open operation (through a bigger cut) is required.

You will come to hospital on the day of surgery. You will have a general anaesthetic. A nerve block may also be used. The surgery usually takes 1-2hrs.

The thickened capsule is cut if needed (capsular release) and any loose bodies or bone spurs removed as well (osteocapsular release). If some tissue that needs to be removed is close to the ulnar nerve (the 'funny bone nerve') or the joint is very stiff a small open incision is needed to protect the nerve. If arthritis is present the joint surfaces can be smoothed as much as possible but the arthritis itself cannot be removed without doing a joint replacement surgery. Usually this is not required.

AFTER SURGERY

You may go home either on the same day or the day after surgery

You will see a physiotherapist before you leave hospital.

A sling is not required but you may use it for comfort.

The speed of recovery is variable. It can be rapid or seem slow. Most improvement occurs in the first 6 months. The end of recovery is around 12-24 months after surgery.

Further general information is available in the 'Information for patients undergoing surgery' leaflet

APPOINTMENTS AFTER SURGERY

7-10 days; 6 weeks, 3 months, 6 months, 12 months.

REHABILITATION EXERCISES

Specific rehabilitation exercise sheets will be given to you in hospital and during your follow-up visits.

Only do the exercises shown to you in hospital and demonstrated to you in clinic. Your therapist will suggest whether you can do the exercises yourself at home or would be better with regular supervised physiotherapy sessions. You will need to get into the habit of doing the exercises regularly for around 6 months.

MILESTONES

0-2 weeks

Sling for comfort only. Aim to use as little as possible

2-6 weeks

No sling. Aim to gain 75% of range achieved during surgery

6-12 weeks:

Gain 100% of range achieved during surgery

3-6 months:

Full activity as tolerated

RETURN TO WORK/SPORTS

Work (light duties / office) 1-2 weeks

Swimming (breaststroke) 6-8 weeks

Driving 2-4 weeks

Work (manual) 2-12 wks

Light lifting 2-6 weeks

Heavy lifting 6-12 wks

DRIVING

You cannot drive while you are using a sling.

Once you have been told that you can remove the sling you can drive when you feel that you have full control of the vehicle. It is your responsibility to make this decision.

LIFTING

In the long-term regular lifting of >10kg is to be avoided if there is elbow arthritis

LIKELY OUTCOMES

The main aim of surgery is to improve pain and function. Range of motion and strength may also improve although this is more difficult to predict. Patient satisfaction rates after surgery are around 95%. No surgery will result in a joint that feels and functions completely normally