

What are the risks involved with this operation?

All operations involve an element of risk. We do not wish to over-emphasise the risks, but feel that you should be aware of them before your operation. They include:

- a) complications relating to the **anaesthetic**
- b) **infection**. These are usually superficial wound problems. Occasionally deep infection may occur after the operation. If you get a deep infection in the elbow replacement, the new joint will have to be removed
- c) damage to the **nerves** and **blood vessels** around the elbow. Temporary damage to the nerve (ulnar) is quite common. It may give pins and needles or numbness in the little and ring fingers. For most people these effects are temporary; for a minority, they can remain
- d) **loosening** of the elbow replacement may result in a need to re-do the operation
- e) **dislocation** of the elbow replacement which will result in the hinge not working well and may give pain. It can require a further operation
- f) **broken bone** – this can occur either during or after the operation. The bone can be very thin and fragile and break. This will be treated by a further operation or by wearing a cast to protect it while it is healing
- g) unwanted **stiffness** and/or **pain** in and around the elbow

Who to contact if you are worried or require further information

For general enquiries about appointments, please phone:

Mr Smibert's secretary on 01935 384597
Mr Chamblers secretary on 01935 384779

For enquiries regarding admission dates, please phone the Admissions Office on 01935 384619

Please note that neither surgery nor any other treatment will be done without your agreement (consent). It is your right to refuse treatment at any time, or until you have enough information to feel comfortable about giving your consent.

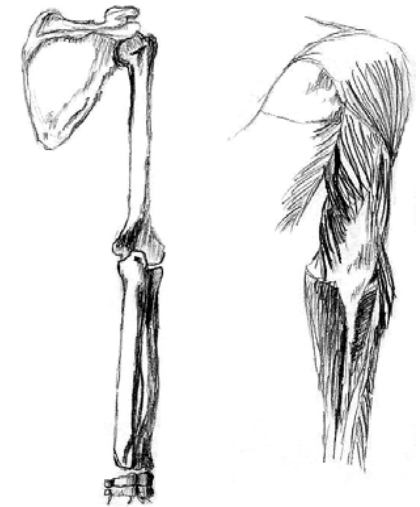
If you do not see a physiotherapist before you go home, please make sure you have an out patient appointment with your local physiotherapy department or contact 01935 384358 (Rehabilitation Department reception at Yeovil District Hospital) to arrange one.

We would like to thank the Nuffield Orthopaedic Centre (Upper Limb Unit) for allowing us to reprint the information in this leaflet.

If you require this leaflet in any other format, eg, large print, please telephone 01935 384590

Information about your operation

Elbow Replacement



Orthopaedics

The doctors have suggested that you may benefit from having this operation. This leaflet is designed to give you some brief written information about an elbow replacement operation, and to explain some of the risks involved. Before your operation, you will be given another booklet. This will give you more detailed information and include some exercises to guide you through your recovery.

The elbow

The elbow joint works in two parts. One part acts as a hinge to enable the joint to bend and straighten. The second part provides rotation or pivoting. The joint has muscles which move it and also some nerves that pass close by (hitting your 'funny bone' gives a nerve sensation into the forearm and/or fingers).

Why the joint needs replacing

The most common reasons for replacing the elbow joint is for arthritis, usually rheumatoid arthritis. However, it may be necessary with osteo-arthritis (wear and tear) and following a fracture or bad accident.

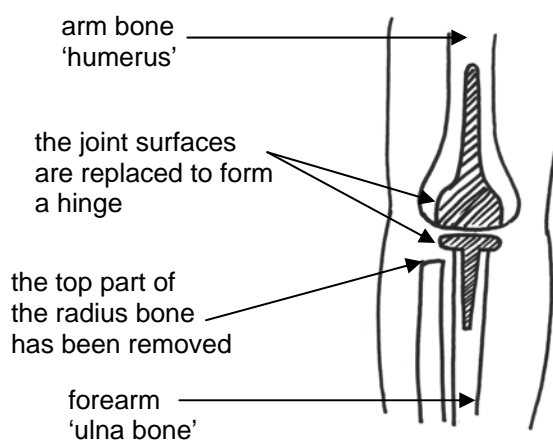
About the elbow replacement

The operation replaces damaged joint surfaces. There are many types of elbow replacement and it usually consists of a metal and plastic. The surfaces are replaced to give a hinge joint. In addition, the top of one of the forearm bones (radius) is removed as this joint can also give elbow pain. (see picture next column).

To get into the joint, a muscle on the back of your arm is split. It is re-stitched at the end of the operation.

The main reason for the operation is to reduce the pain in your elbow. Ultimately, you may also have more movement in the joint. Bending your elbow and rotating the forearm usually show the greatest improvement. However, the arm may not straighten out more after the operation.

Elbow replacement viewed from the front



viewed from the side



General advice

You will be asked to attend a pre-admission clinic just before your operation. At this time you will be given a more detailed booklet and you will have the opportunity to discuss issues and concerns with the staff.

The operation is performed under a general anaesthetic. Usually the anaesthetist will administer a 'block' of the shoulder and arm beforehand by injecting local anaesthetic into the neck. This reduces pain after surgery and makes the whole operation smoother. The benefits of this method outweigh the small risk of complications associated with this technique.

You will usually be in hospital for about 5 days after your operation. You will be given a sling which you will be instructed to wear over the first few weeks. During this time you will be quite one-handed, which will affect daily tasks quite considerably. We will advise you on how to manage before you leave hospital.

Gradually the pain will reduce and you will be able to use your arm more. Driving and other light activities are usually possible 6-8 weeks after surgery. You will gradually be able to use your elbow more over the following 3-6 months. However, you are advised not to use the joint in heavy lifting, manual or pushing and pulling activities. This will be a limitation for the rest of your life.