

SUSSEX SHOULDER & ELBOW

06

Elbow Arthroscopy

What are the indications for elbow arthroscopy?

Elbow arthroscopy (key hole surgery) may be performed to treat or diagnose many problems within the elbow joint. Common conditions treated with elbow arthroscopy are osteoarthritis with loose bodies or impingement of the bones; tennis elbow, elbow plicae (soft tissue folds that cause impingement) and elbow stiffness following trauma. Elbow arthroscopy can also be useful for the diagnosis of instability of the elbow or treatment of osteochondritis dissecans (OCD), which is a condition that results in damage to the cartilage following repetitive micro-trauma.

How is an elbow arthroscopy performed?

The surgery is performed under general anaesthetic and sometimes a regional anaesthetic block is used for pain relief following surgery. While asleep you will be on your side with your arm supported by a padded arm holder. A tourniquet is applied to the arm and the procedure is performed using a number of small incisions (< 1cm) around the elbow. A camera and instruments are passed into the elbow joint through these incisions to perform the surgery. The length of the procedure and how many small incisions are used is specific to what surgery is being performed.

What can be expected when I wake up?

If a block has been performed your arm should feel numb with little or no pain. If a block has not been used, the whole arm won't be numb but there should be minimal discomfort. Local anaesthetic will have been used instead. Your arm will be in a dressing and placed in a sling for comfort. In general, we encourage you to get your arm moving as soon as possible to prevent the elbow stiffening up. The top dressings can be removed at 72 hours after surgery to help with movement. You will find the elbow remains a little swollen initially and the bandages may be blood stained or wet. This is because the fluid used during surgery slowly leaks out of the elbow staining the bandages. You should avoid getting the wounds wet for 10 days following surgery. You will be seen by your surgeon before you go home and then followed up 2-3 weeks later in the clinic.

Will the surgery be done as a day case?

Most elbow arthroscopy procedures are done on a day case basis. Some patients who have very stiff elbows that are released to regain motion are admitted for up to 3 days so that they get focused physiotherapy as an inpatient.

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These notes are intended as a guide and some of the details may vary depending on your individual circumstance and at the discretion of your surgeon.
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What are the risks of elbow arthroscopy?

The main risk of elbow arthroscopy is damage to the major nerves and blood vessels that cross the elbow and supply sensation, vascularity and power to the hand and forearm. If these are damaged, you are likely to have a worse outcome than without surgery. Fortunately the risk of this complication is low (1-2%). Other complications all of which are uncommon (1-2%) include stiffness of the elbow, infection and heterotopic ossification (formation of new bone within the soft tissues)

What will the rehabilitation involve?

This depends upon the procedure that has been performed and a specific rehabilitation plan will be designed for you to get you back to your daily activities, sports and recreation as soon as possible. You may require physiotherapy to help you achieve these goals and this will be arranged as an outpatient. Initial exercises will be given to you before you leave hospital and we encourage you to begin these as soon as possible to minimize stiffness. We may advise extra exercises or limit certain exercises depending upon the surgery you've had done. Any specific instructions will be made clear before you are discharged and you should ask if you are not sure about anything at all.

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You are also welcome to provide feedback on iwantgreatcare.org so that we can continue to improve the service we provide.