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The Royal Liverpool
and Broadgreen
University Hospitals
NHS Trust

Patient information

Elbow Replacement (Arthroplasty)

Trauma and Orthopaedic and Therapies Specialities

You have been given this leaflet because your surgeon thinks that you will benefit from this operation. The aim of this operation is to reduce your pain and so improve your function.

What is an elbow replacement (Arthroplasty)?

The elbow consists of the upper arm bone (humerus) and two bones in the forearm (ulna and radius). The most common reason for replacing the elbow joint is for arthritis where loss of cartilage and bony changes cause pain and reduced range of movement.

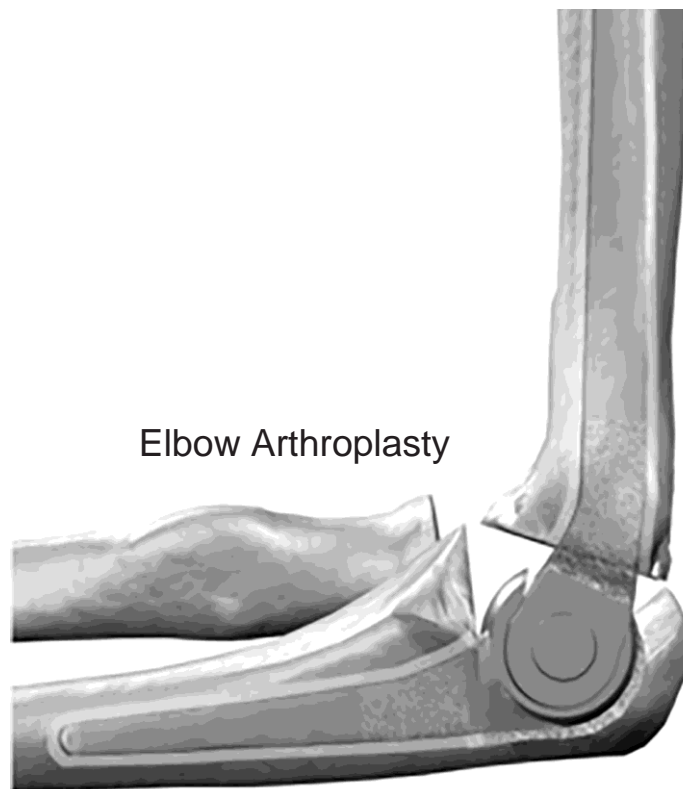


Image used with permission from Orthogate.org

The operation replaces the damaged joint surfaces of the elbow. There are many different types of elbow replacement. They usually consist of metal and plastic. The surfaces are replaced to give a hinge joint.

What is the aim of surgery?

The main reason for doing the operation is to reduce pain in your elbow. Ultimately you may also have more movement in your elbow.

The movements that usually improve most are bending your elbow to allow your hand to reach your mouth and rotating the forearm.

What are the risks of having an elbow replacement?

All operations involve an element of risk, these are very small but you need to be aware of them and can discuss them with your doctor at any time.

- Nerve damage during surgery, especially the ulnar nerve.
- Blood vessel damage during surgery.
- Fracture of bone during surgery.
- Dislocation of the replacement.
- Loosening of the replacement over time (10-20% by ten years).
- Allergic reaction to the replacement.
- Fracture of the replacement is uncommon but if it occurs, results of revision surgery are reasonably satisfactory.

If you suffer a sudden increase in pain, onset of pins and needles and/or numbness or start to feel unwell and hot you must be reviewed by either your hospital doctor, family doctor (GP) or attend your local NHS Walk- in Centre at the earliest opportunity.

Alternatives

You are having this surgery because other treatment options have been unsuccessful.

What sort of anaesthetic will be given to me?

You will be given a general anaesthetic. General anaesthesia is drug-induced unconsciousness: it is always provided by an anaesthetist, who is a doctor with specialist training.

Unfortunately, general anaesthesia can cause side effects and complications. Side effects are common, but are usually short-lived: they include nausea, confusion and pain. Complications are very rare, but can cause lasting injury: they include awareness, paralysis and death.

The risks of anaesthesia and surgery are lower for those who are undergoing minor surgery, and who are young, fit, active and well.

For more information, please ask for a copy of the leaflet "You and Your Anaesthetic" (PIF 344).

You will be given an opportunity to discuss anaesthetic options and risks with your anaesthetist before your surgery.

If you are worried about any of these risks, please speak to your consultant or a member of their team.

Getting ready for your operation

You will usually be seen in the pre-operative clinic before you are admitted to hospital. Here you will have blood tests, a chest X-ray, and sometimes a heart trace. You will be assessed to see if you are fit for the anaesthetic.

The staff will ask routine questions about your health, the medicine you take at the moment and any allergies you may have. You will be given instructions on eating and drinking.

You will be able to discuss the operation with a doctor. You will be asked to sign a consent form to say that you understand the procedure, and what the operation involves.

The day of your operation

- You will come into hospital on the day of your operation. Please make sure you contact the ward before you leave home to check bed availability.
- Please leave all cash and valuables at home. If you need to bring valuables into hospital, these can be sent to General Office for safekeeping.
- General Office is open between 08.30 and 4.30 Monday to Friday. Therefore, if you are discharged outside these times we will not be able to return your property until General Office is open. The Trust does not accept responsibility for items not handed in for safekeeping.
- You will be asked to remove jewellery - plain bands can be worn but they will be taped.
- Please leave body piercings at home. Acrylic nails and nail polish will also need to be removed.
- If you are on regular medication, you will be told to take this if necessary.
- You will be asked to take a shower and put on a gown and disposable underwear.
- A bracelet with your personal details will be attached to your wrist.
- You may be prescribed some medication to take before your operation by the anaesthetist. A member of the nursing staff will give this to you.
- A nurse and porters will take you to the operating theatre.
- Your dentures, glasses or hearing aid can stay with you on your journey to the operating theatre.
- When you arrive in the waiting area, a theatre nurse will check your details with you. You will then be asked to put on a disposable hat. The ward nurse will then leave you and you will then be taken to the anaesthetic room.

What should I expect after my operation?

- After your operation you will be kept in the theatre recovery room before being transferred to the ward.
- A nurse will check your pulse, blood pressure, and breathing rate regularly. It is important that if you feel any pain you must tell the nursing staff, who can give you painkillers to help.
- The nursing staff will also advise you when you can start taking sips of water.
- Anaesthetics can make some people sick. If you feel sick we advise you not to drink until this feeling has passed. The nursing staff may offer an injection to help this sick feeling go away.
- The first time you get out of bed, please make sure you ask a nurse to be with you. This is in case you feel dizzy.

Going Home

You will be kept in hospital overnight, maybe for a few days.

Remember that you have just had an operation. It is normal to feel more tired than usual for a few days after having an operation.

Your elbow is likely to be uncomfortable in the first few days post- surgery. This is normal. Although the operation is to relieve pain it may be several weeks before you begin to feel the benefit.

Pain relief and medication

The nursing staff will advise you about painkillers before you leave the hospital. Please tell the nurses what painkilling tablets you have at home.

Your wound

Your wounds must remain covered with dressings until your outpatient appointment, where your sutures (stitches) will be removed.

Getting back to normal – How you can help yourself to recover

Remember that you have just had an operation. It is normal to feel more tired than usual for a few days after having an operation.

Your shoulder is likely to be uncomfortable in the first few days post-surgery. This is normal. However this should start to improve within the first two weeks after surgery.

There are several things you can do to aid your recovery and help to settle any postoperative pain.

- Using ice on your shoulder for 15 minutes, twice a day or after exercise and therapy. Gel packs, frozen peas or a plastic pack of ice can be used. These must be wrapped in a damp towel as direct contact with the skin can cause burns (cover your dressings with cling film or a plastic bag to prevent them getting wet).

- Sleeping can be uncomfortable if you try and lie on your operated arm. We would recommend that initially you lie on your back or on the opposite side.



- Make sure that your elbow is always in front of your shoulder. If you are on your side then a folded pillow supports your operated arm from your elbow to your wrist.
- In the first few days after surgery you will find it helps to support your arm on pillows with your elbow in front of your shoulder and slightly out to the side when you are sitting down (see picture).



How long do I need to wear the sling?

Your sling is for comfort and to support the weight of your arm while your repair heals. You will need to wear it for two to three weeks after your operation. You can remove the sling for showering (make sure you cover the wound for the first five to seven days after your operation to avoid getting it wet) and to do the exercises shown to you by the physiotherapist. You may find it useful to continue to wear the sling at night for a little longer if the shoulder feels uncomfortable when you are in bed.

How long will it take me to recover?

Patients having this procedure will usually regain functional range of movement by eight to ten weeks. We see big improvements in range of movement and pain in the first six weeks after the sling is removed. The improvements are still usually rapid for up to three months after surgery.

What is the long term prognosis?

You will continue to improve for up to one year following the operation, but from around six months these improvements are usually much slower. Everybody is individual and makes progress at slightly different rates, but overall more than 85% of patients return to sport and full activity by four to six months post-surgery.

Returning to work

Return to work is dependent on the nature of your work and how quickly your pain settles. The following are guidelines only;

- Sedentary work e.g. office work-as soon as you feel comfortable, usually around three weeks
- Light manual work – usually around six to eight weeks
- Heavy manual work – 12-16 weeks*

*** This must be discussed with your surgeon or physiotherapist as it will depend on your range of movement and muscle control.**

Driving and leisure activities

You can usually begin driving four weeks after your operation if you feel comfortable i.e. one week after removal of your sling. We suggest that you check that you can safely do a three point turn and an emergency stop before you return to driving. However it is essential that you discuss this with your surgeon or physiotherapist and inform your insurance company that you have had shoulder surgery.

Your return to your sport or leisure activities should be discussed on an individual basis with your surgeon or physiotherapist. You should not return to any type of contact sport for at least three months.

Further appointments – When will you back to see the doctor?

You will be seen in outpatient clinic approximately six weeks after your surgery. This appointment will be made and given to you before you are discharged from hospital.

Physiotherapy appointments - How often will I have to attend?

It is essential to your recovery to attend physiotherapy as directed by your physiotherapist. You have an important part to play in your own recovery and therefore will be expected to follow your home exercise programme as instructed.

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your Outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Specific Notes for You

Further Information:

**Physiotherapy Department
Royal Liverpool University
Hospital Prescot Street
Liverpool
L7 8XP
Tel: 0151 706 2760
Text phone number: 18001 0151 706 2760**

**Therapies
Department
Alexandra Wing
Broadgreen
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All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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