

# Your Elbow Replacement at The Royal Bournemouth Hospital



This leaflet from the Orthopaedic Directorate has been designed to answer any questions you may have

**Please bring this booklet into the hospital with you**

# Introduction:

This booklet tells you about having an elbow replacement at the Royal Bournemouth Hospital. It is intended to be for patients who have decided to have surgery after discussing the options, benefits and possible risks with their Consultant or Surgeon.

We have developed this guide to help answer any questions that you may have about your operation and recovery afterwards. It will be useful during each of your hospital visits, so please bring it with you.

This booklet is a general guide and there may be alterations in your management made by your surgeon, anaesthetist or therapist. These alterations should take priority.

All members of the Orthopaedic Team are committed to providing you with the highest standard in care and we look forward to welcoming you.

This guide book belongs to:

.....

Your orthopaedic consultant is:

.....

Appointment Dates:

Surgery: .....

Follow up: .....

Other: .....

Goals:

1: .....

2: .....

3: .....

We encourage your questions and enquiries;  
please write them here to ask at your next meeting

.....

.....

.....

# Educational information

## What is this operation for?

The most common reason for replacing the elbow joint is arthritis. However it may also be necessary following a fracture. The operation replaces the damaged joint surfaces. There are many different types of elbow replacement but your surgeon will discuss with you which will be used for your operation. They usually consist of metal and plastic. The surfaces are replaced to give a hinge joint.

The main reason for doing the operation is to reduce pain in your elbow. You may also get more movement in the joint, typically bending your elbow to reach your hand to your mouth and rotating the forearm show most improvement. Your ability to straighten the arm however may not improve.

The results of elbow replacement are not as reliable as those of hip and knee replacements with 5 year replacement survival rates of about 80% reported. That means that by 5 years after the original operation, up to 20% (1 in 5) of patients will have required revision surgery..

After elbow replacement surgery, you shouldn't lift objects heavier than 5 pounds for the rest of your life. The current artificial elbow joints aren't designed for any heavier work and the new joint probably won't last as long if you over-stress it. You will need to consider whether you can continue working in your current job (if applicable) and participating in your hobbies.

## Understanding Risk

Where we discuss risk with you we will use the following terms:

Term	People Affected	Equivalent
Very Common	More than 1 in 10	A person in a family
Common	Between 1 in 10 and 1 in 100	A person in a street
Uncommon	Between 1 in 100 and 1 in 1,000	A person in a village
Rare	Between 1 in 1,000 and 1 in 10,000	A person in a small town
Very Rare	Fewer than 1 in 10,000	A person in a large town

## Risks of surgery

Surgery should not be undertaken lightly and it is always important to know the risks before proceeding. A member of your consultant's team will have discussed these risks with you prior to listing you for surgery.

### Very Common

- Very Common
- Scarring
- Stiffness
- Bruising or bleeding
- Wound sensitivity
- Pain
- Swelling

### Common

- Long term implant loosening
- Long term fracture of implant or wear of hinge
- Infection
- Nerve Damage
- Fracture around the replacement
- Failure of tendon repair

### Uncommon

- Chronic Regional Pain Syndrome (CRPS)



# Before your surgery

## Pre-admission Assessment

The Pre-admission department from Royal Bournemouth Hospital will contact you with the appointment information. If you have any questions about your appointment please call their department. You can find their details on the useful contacts section at the back of this booklet..

The visit to the pre-admission assessment clinic may require you to be at the hospital for several hours. It is important to attend this appointment or your surgery may be postponed or cancelled. In the clinic, you will be officially registered for your hospital admission and a nursing assessment and pre-operative tests will be done. These tests may include:

- X-rays
- Blood and urine tests
- ECG (Electrocardiogram)

You may be seen by other health care professionals during the visit. These include:

- Pre-Assessment Specialist Nurse
- Anaesthetist
- Ward Doctor

Please bring the following to your pre-operative assessment appointment:

- All your current medications
- A list of allergies including the type of reaction
- Next of kin details and contact numbers.

## Actions to take before your surgery

Once you have your date for surgery you can do several things to aid preparation for your operation and to assist with your recovery.

### Planning ahead

It is important to plan and make arrangements for how you will manage once home. Stocking up your freezer with easy cook items is advised (particularly if you live alone and your dominant arm is being operated on), as you may find it difficult to do shopping and prepare meals initially. If you have family or friends who can stay with you or visit regularly this may make your recovery easier, both for helping with household tasks and moral support.

Sometimes people like to do some jobs at home such as gardening just before coming into hospital, as they will be unable to for a while after surgery. Please be very careful not to get any cuts as any an open wound increases the risk of infection and your surgery would have to be cancelled.

### Smoking

Smoking has been shown to delay wound healing and increase complications after surgery. Patients who stop smoking benefit from long term improvements to general health, decrease the risks associated with anaesthetic and have a better outcome from surgery.

If you are interested in stopping smoking please speak to your pre assessment nurse or GP for advice and services available.

## Weight management

Even though you may feel fit and healthy at your current weight, patients with a higher body mass index (BMI) are more likely to experience potentially serious complications both during and after surgery.

If you are keen to lose weight before your surgery please speak to your pre assessment nurse or GP for advice and services available.

## Cancellation

If you are unable to attend your appointment or surgery, please contact us immediately so that we can offer this to another patient.

# Arriving for your surgery

## Day of surgery

### Eating and drinking:

Please follow the instructions given to you about when to stop eating and drinking before your operation. If there is food or liquid in your stomach during your anaesthetic, it could come up into the back of your throat and damage your lungs.

**If you have not followed the correct fasting instructions your operation will be cancelled.**

If you normally take prescribed medicines in the morning please continue to take these on the day of surgery, apart from tablets you have been specifically told not to take by the pre-assessment team. Take them with a sip of still water.

Please do not drink alcohol for 24 hours before surgery.

### Arrival:

You will come into hospital on the same day as your operation. You will need to present yourself to the Sandbourne Admissions Suite to be admitted for surgery.

Please note the time you are instructed to arrive at hospital is not the time your operation will take place. It is necessary for you to come a few hours before the time of your operation so that you can be admitted and prepared for surgery. When you arrive at the Sandbourne Admissions Suite a nurse will check you in. You may also be visited by the surgeon and anaesthetist before your operation.

You will then be asked to put on a hospital gown. All patients who are able will walk to theatre for their operation accompanied by a member of our nursing staff.

# Your surgery

## Anaesthetic

An elbow replacement is performed under a general anaesthetic. This means you will be unconscious throughout the operation. You may also have a nerve block; this is an injection that will cause your arm to be numb. This will gradually wear off and the feeling and movement will slowly return to your arm. The effects of a nerve block can last 24-48 hours.

## Surgical Procedure

An incision is made down the back of the arm over the elbow and the muscle which covers this area (triceps) is split. The damaged joint surfaces are removed and replaced with the artificial joint. This is usually made of metal and plastic. The components may be fixed in place with or without special cement.

## Closure and dressing

Once the components are in place, the triceps muscle will be re-stitched and the skin closed. You will have a dressing over the wound and depending on the exact procedure you will have a thick bandage dressing around your elbow or a plaster (sometimes called a backslab).

## What happens after the operation (while I am in hospital)?

Most patients spend 1-2 nights in hospital. You can go home when your arm is comfortable, the wound is showing signs of healing and the team are happy you will manage at home..



# After your surgery

## Nursing

When you wake up after your operation the nurse will let you rest for a short while. If you are uncomfortable, the nursing staff will provide you with painkillers; please do not be afraid to ask for them if you are in pain. You may feel tired after the operation, so you can rest in bed for the first few hours and also have something to eat.

## Occupational therapy

An Occupational therapist can provide you with useful information for dressing, washing and managing day to day activities in the first few weeks after your operation.

## Physiotherapy

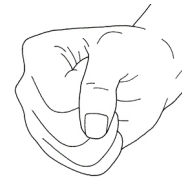
The physiotherapist will visit you after your operation to teach you some exercises. They will also arrange further outpatient therapy if required.

## Physiotherapy

The following are the exercises you should do after your operation. These should commence when instructed by your physiotherapist. If you are in a plaster, you may not be able to do all these exercises initially. Just do the ones you can and have been told to do by your physiotherapist. You should aim to do the exercises 4 times a day unless otherwise stated.

### Exercise 1. Wrist and Hand

Make a fist with your fingers and thumb and then open up your hand. Repeat 10 times every hour. Keep your wrist moving too. .



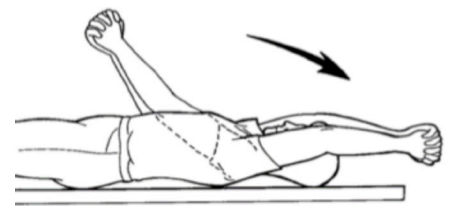
### Exercise 2. Forearm Rotation



In standing or sitting, rest your forearm on a flat surface. Try and turn your palm up towards the ceiling. Then turn your palm down. Repeat this 10 times as far as is comfortable.

### Exercise 3. Assisted Shoulder Flexion

Lying on your back, support your operated arm with your other arm and lift it over your head. Try not to arch your back. Repeat this 10 times as far as is comfortable.



### Exercise 4. Assisted Elbow Flexion and extension



In standing or sitting, grasp the wrist of your operated arm with your 'good' arm. Slowly bend your elbow then slowly straighten it, ensuring that you are always assisting the movement with your non-operated arm. Repeat this 10 times as far as is comfortable.

# What happens when I go home?

## Rest

It is important that you get plenty of rest, but it is also essential to continue with the exercises given to you by the physiotherapist.

## Pain Relief

As the nerve block wears off and the feeling returns to your arm, it may feel uncomfortable. You should take painkillers as advised by the nursing staff to keep your pain under control and allow you to do your exercises. You may also use an ice pack (or bag of frozen vegetables) wrapped in a towel for 15 minutes, every 2 hours. This will help manage pain and swelling.

## Will I have a sling?

You may be given an arm sling for comfort when you go home. When you are wearing the sling ensure your forearm is well supported and do not allow your hand to be lower than your elbow. You should wear your sling for as long as your consultant and physiotherapist instruct you to. When resting it is advisable to spend some time with your elbow straight and your arm elevated on pillows.

If you have a plaster, your elbow will be fixed in position. Do what you can to keep your hand elevated, for example when you are sitting prop your arm up on pillows.

## Dressings

The dressings/plaster may become slightly blood stained; this is to be expected and should not be cause for concern. The plaster should be left on until your orthopaedic clinic appointment, and you must not get the wound or plaster wet. If this occurs, contact either your practice nurse or orthopaedic outpatient department to arrange a clean dry dressing.

## Clinic Review

A follow-up appointment with your consultant's team will be made for you. You should receive this appointment in the post after you have been discharged from hospital. The appointment is normally for two weeks after your operation. At this appointment you will have your stitches removed and a member of the consultant's team will review your progress.

## Outpatient Therapy

You will see a physiotherapist, but this may not be until after 6 weeks if you are in a plaster. An appointment will be made for you at the appropriate hospital outpatient therapy department. The therapist will progress your exercises and assist you in your recovery. You may be required to attend a few therapy appointments and continue your exercises regularly between these sessions. This will focus on gradually increasing your movement and strength around your operated elbow.

## Managing everyday activities

Most people are able to return to work within three to six weeks of surgery. If you have a more manual job then you may need some extra time off.

## When can I return to leisure activities?

Before you come into hospital think about and practice how you will manage everyday tasks when you return home after your operation, using the non-operated hand. Examples of activities which you may find difficult are:

**Mobility:** If you currently use a walking aid on the side which is being operated you need to consider whether you could use it in the other hand or whether an alternative walking aid may be required. You may need to discuss this with the physiotherapist on your admission or speak to the nurses at pre-assessment. .

**Transfers:** Getting on/off your bed, toilet and chairs. If you are struggling to sit or stand from any furniture at present (due to other medical conditions) please consider how you will manage one handed after your operation. You will not be able to push up from chairs etc. using the operated arm. Equipment to help you can be loaned by the Red Cross.

**Personal Care:** Getting washed and dressed is usually manageable following your operation as your fingers will be free to do up buttons, zips etc. You must not get your wound or plaster wet so you will need to use your other hand for washing etc. A plastic waterproof sleeve for preventing it getting wet is useful (we can provide you information on this if you are interested).

**Food preparation and cooking:** If you are the cook of the household, freezing some meals or stocking up on ready meals is a good idea.

Be aware you will be mainly using your non-operated hand for these activities.

## Expectations

Your ability to start your daily activities and hobbies will be dependent on pain, range of movement and strength that you have in your elbow following the operation. Please discuss activities that you may be interested in with the therapists or surgeon. You may have some discomfort and swelling around the elbow. This is to be expected. Continue to take your painkillers as advised by the nursing staff.

In order to maximise and maintain function and lifespan of the elbow replacement it is advised that you avoid:

- heavy manual work
- lifting objects with any weight (e.g. over 5 lbs)
- forceful pushing and pulling activities.

This will result in you being unable to do heavy gardening (e.g. digging). If your dominant arm has been operated on you are advised not to use it for sports such as bowls and adapt by using the other arm. You will need to learn to adapt and find ways to avoid unnecessary stress and strain on your new elbow.

## When can I return to work?

Most people are able to return to work within eight to ten weeks of surgery, but this depends on your job. Please discuss any queries with the therapists or consultant.

## When can I drive again?

It is normally about 6-8 weeks before you can do this safely. You must be confident that you are in full control of the vehicle at all times, including use of the steering wheel, handbrake and gear stick. You should also check your insurance policy as you may need to inform your insurer of your operation.

# Frequently asked questions

## If I have any questions who should I contact?

If you have any questions about returning to activities you can ask your surgeon or physiotherapist on the day of the operation. Use the notes section at the front of this leaflet to notes down these questions and any instructions given to you by your surgeon or physiotherapist.

## What should I bring with me to hospital?

### What to bring

- This booklet
- All current medications in their original boxes
- Elbow crutches or walking sticks if you use them
- Flat trainers or shoes
- Mobile phones/books
- Telephone numbers of friends/relatives
- Glasses and case

### Please do not bring

- Unnecessary jewellery
- Large sums of money
- Laptop computers
- Any other valuables

Please remove nail varnish and piercings.

## Useful Contacts

Royal Bournemouth Switchboard: **01202 303626**

Sandbourne Suite: **0300 019 6104** (Mon - Fri - 8am to 9pm)

Pre-Admission Assessment Dept.: **0300 019 4102** (Mon - Fri - 8.30am to 4.30pm)

Orthopaedic Admissions Dept.: **0300 019 4919** Option 2 (Mon - Fri - 9am to 4pm)

The Royal Bournemouth Hospital, Castle Lane East, Bournemouth, Dorset, BH7 7DW

Author: **Aaron Bailie, Linda Brannan and Caroline Wood**

Date: **June 2021** Version: **One** Review date: **June 2024** Ref: **369/21**

t: 01202 303626 w: [www.uhd.nhs.uk](http://www.uhd.nhs.uk) : @UHD\_NHS : @UHDTrust : @uhd\_nhs