Patient Information for Consent

Airedale NHS Foundation Trust

OS25 Arthroscopy of the Elbow

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What is an arthroscopy of your elbow?

An arthroscopy (keyhole surgery) is performed to diagnose and treat problems in your elbow joint. It involves examining the inside of the joint using a telescope inserted through small cuts on your skin. Your surgeon should be able to treat some problems using special surgical instruments, without making a larger cut.

Your surgeon has suggested an arthroscopy of your elbow. However, it is your decision to go ahead with the operation or not. This document will give you information about the benefits and risks to help you to make an informed decision.

If you have any questions that this document does not answer, it is important that you ask your surgeon or the healthcare team. Once all your questions have been answered and you feel ready to go ahead with the procedure, you will be asked to sign the informed consent form. This is the final step in the decision-making process. However, you can still change your mind at any point.

What are the benefits of surgery?

The aim is to confirm exactly what the problem is and for many people the problem can be treated at the same time. The benefit of keyhole surgery is less pain afterwards and, for some people, a quicker recovery.

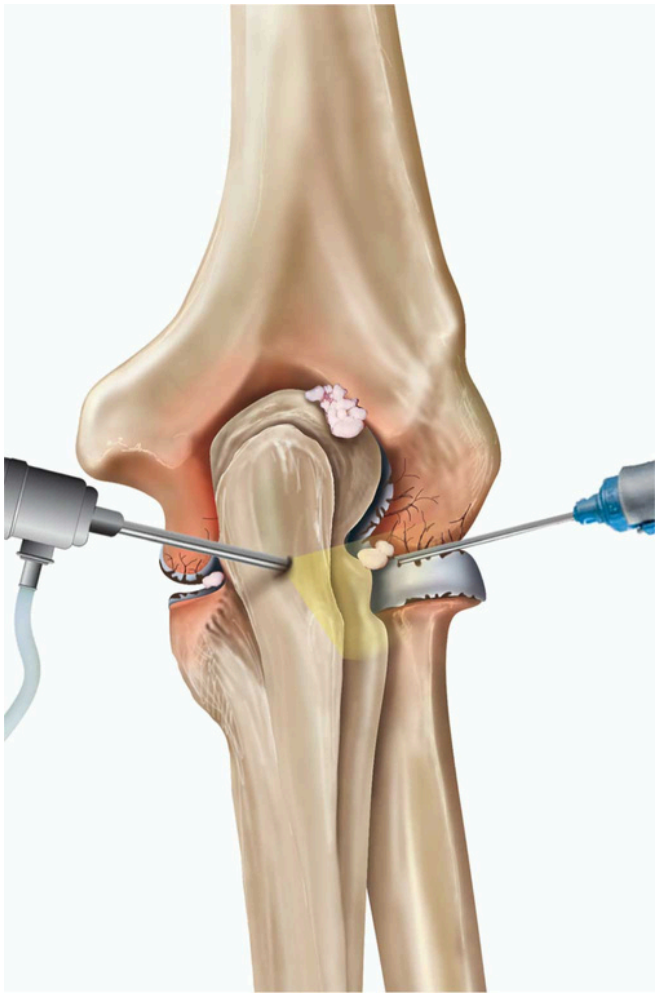
Are there any alternatives to surgery?

Problems inside a joint can often be diagnosed using tests such as CT scans and MRI scans. However, they do not show early damage to the surface of joints, damage to small ligaments or how bad any damage is, and you may then need an arthroscopy to treat the problem.

What will happen if I decide not to have the operation?

Your surgeon may not be able to decide on the best treatment for you.

If you need an arthroscopy to treat a problem, your symptoms may get worse. Some problems settle on their own or if you change your activities.



An arthroscopy of the elbow

What does the operation involve?

Remove any rings from your hand before you come into hospital.

The healthcare team will carry out a number of checks to make sure you have the operation you came in for and on the correct side. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having. The operation is usually performed under a general anaesthetic but sometimes a nerve block is used, where local anaesthetics and other painkillers are injected near the major nerves to your arm.

Your anaesthetist will discuss the options with you. You may also have injections of local anaesthetic to help with the pain after the operation. You may be given antibiotics during the operation to reduce the risk of infection. The operation usually takes about 30 minutes.

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Your surgeon will use a small frame to support your arm. They will inject fluid into the joint, which helps them to perform the operation. Your surgeon will usually use a tourniquet (tight strap) to reduce the risk of bleeding.

Your surgeon will usually make about two to four small cuts, about half a centimetre long, around the joint. They will insert a small telescope through one of the cuts so they can examine the joint. They will insert surgical instruments through the other cuts if they need to treat any problems with the joint.

Your surgeon can wash out any loose material caused by wear of the joint surfaces and remove fragments (called loose bodies). It is usually possible for your surgeon to trim and smooth rough surfaces caused by too much wearing of the joint.

Your surgeon will close any cuts with stitches or adhesive plasters.

What should I do about my medication?

Make sure your healthcare team know about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

How can I prepare myself for the operation?

If you smoke, stopping smoking now may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

You can reduce your risk of infection in a surgical wound by taking the following steps:

- In the week before the operation, do not shave or wax the area where a cut is likely to be made.
- Try to have a bath or shower either the day before or on the day of the operation.
- Keep warm around the time of the operation. Let the healthcare team know if you feel cold.
- If you are diabetic, keep your blood sugar levels under control around the time of your procedure.

Speak to the healthcare team about any vaccinations you might need to reduce your risk of serious illness while you recover. When you come into hospital, practise hand washing and wear a face covering when asked.

What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you. Some risks are higher if you are older, obese, you are a smoker or have other health problems. These health problems include diabetes, heart disease or lung disease.

Some complications can be serious and can even cause death.

You should ask your doctor if there is anything you do not understand.

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

General complications of any operation

- Bleeding during or after the operation. It is unusual to need a blood transfusion. The risk is reduced because your surgeon will usually use a tourniquet.
- Infection of the surgical site (wound). It is usually safe to shower after 2 days but you should check with the healthcare team. Keep your wound dry and covered. Let the healthcare team know if you get a high temperature, notice pus in your wound, or if

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your wound becomes red, sore or painful. An infection usually settles with antibiotics but you may need special dressings and your wound may take some time to heal. In some cases another operation might be needed. Do not take antibiotics unless you are told you need them.

- Allergic reaction to the equipment, materials or medication. The healthcare team are trained to detect and treat any reactions that might happen. Let your doctor know if you have any allergies or if you have reacted to any medication, tests or dressings in the past.
- Chest infection. Your risk will be lower if you have stopped smoking and you are free of Covid-19 (coronavirus) symptoms for at least 7 weeks before the operation.

Specific complications of this operation

- Bleeding into the joint (risk:1in100).This causes swelling and pain. You may need a further arthroscopy to wash out the joint.
- Infection in your elbow joint (risk: less than 1 in 100). You will need antibiotics and sometimes another operation to clean out the joint.
- Severe pain, stiffness and loss of use of your arm and hand (complex regional pain syndrome - CRPS). The cause is not known. You may need further treatment including painkillers and physiotherapy. Your arm and hand can take months or years to improve. Sometimes there is permanent pain and stiffness.
- Damage to nerves around the joint, leading to weakness, numbness or pain (risk: 1 in 100). This usually gets better but may be permanent.
- Nerve damage. These nerves pass close to your elbow and can become bruised, leading to weakness in your hand. This usually gets better but in rare cases may be permanent.

Consequences of this procedure

- Pain. The healthcare team will give you medication to control the pain and it is important that you take it as you are told so you can move about as advised.
- Unsightly scarring of your skin, although arthroscopy scars are usually small and neat.

How soon will I recover?

In hospital

After the operation you will be transferred to the recovery area and then to the ward.

Your surgeon or the physiotherapist will tell you how long you need to keep your arm supported.

You should be able to go home the same day.

However, your doctor may recommend that you stay a little longer.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

Returning to normal activities

If you had sedation or a general anaesthetic and you go home the same day:

- A responsible adult should take you home in a car or taxi and stay with you for at least 24 hours.
- Be near a telephone in case of an emergency.
- Do not drive, operate machinery or do any potentially dangerous activities (this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination.
- Do not sign legal documents or drink alcohol for at least 24 hours.

Keep your wound dry for 4 to 5 days, and use a waterproof dressing when you have a bath or shower. Any stitches are usually removed after 1 to 2 weeks. If your surgeon applied a dressing it can be removed after 2 days. Your healthcare team will speak to you about this.

The physiotherapist or occupational therapist may give you exercises and advice to help you to recover from the operation. You may need to do these exercises for several months. Follow any instructions carefully to improve the chance of getting strength and movement back in your joint.

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The healthcare team will tell you when you can return to normal activities. Do not play contact sports or lift anything heavy until they have told you that it is safe. It can take a few weeks to get back to normal activities.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Do not drive a car or ride a bike until you can control your vehicle, including in an emergency, and always check your insurance policy and with the healthcare team.

The future

Most people have a major improvement but it takes time for pain to lessen and movement to increase. Symptoms often come back with time. You may need another operation.

If your surgeon performed the arthroscopy to get precise details of the problem with your joint, the healthcare team will arrange for you to come back to the clinic. Your surgeon will be able to tell you if you are likely to get further problems with your elbow or need more surgery in the future.

Summary

An arthroscopy of your elbow allows your surgeon to diagnose and treat problems affecting the joint, without the need for a large cut on your skin. This may reduce the amount of pain you feel and speed up your recovery.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options. This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Acknowledgements

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Illustrator

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