Patient Information for Consent

Airedale NHS Foundation Trust

OS29 Total Elbow Replacement

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What is arthritis?

Arthritis is a group of conditions that cause damage to one or more joints.

Your surgeon has suggested a total elbow replacement operation. 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, ask your surgeon or the healthcare team.

A total elbow replacement

How does arthritis happen?

The most common type of arthritis is osteoarthritis, where there is gradual wear and tear of a joint. For a few people this is a result of a previous problem or injury but usually it happens without a known cause.

Some other types of arthritis are associated with inflammation of the joints that can eventually lead to severe joint damage. The most common is rheumatoid arthritis.

Arthritis eventually wears away the normal cartilage covering the surface of the joint and the bone underneath becomes damaged. This causes pain and stiffness in the joint, which can interfere with normal activities. An elbow replacement is usually suitable for people who have rheumatoid arthritis. It can also be suitable for some people who have osteoarthritis or severe fractures (breaks) of the elbow.

What are the benefits of surgery?

You should get less pain and be able to move your arm more easily.

Are there any alternatives to a total elbow replacement?

Simple painkillers such as paracetamol and anti-inflammatory painkillers such as ibuprofen can help control the pain of arthritis. Check with your doctor before you take supplements.

Regular moderate exercise can help to reduce stiffness in your elbow.

A steroid injection into your elbow joint can sometimes reduce pain and stiffness for several months. You may get side effects if you have injections too often. You should not have a steroid injection within 2 weeks of having a vaccination because it can prevent you from making enough antibodies.

Sometimes it is possible to have a smaller operation to remove inflamed tissue from your elbow joint (synovectomy).

All these measures become less effective if your arthritis gets worse and this is when your surgeon may recommend an elbow replacement.

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

Arthritis of your elbow usually gets worse with time. Arthritis is not life-threatening in itself but it can be disabling. Arthritis symptoms can be worse at some times than others, particularly when the weather is cold.

What does the operation involve?

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.

Various anaesthetic techniques are possible. 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 1 to 2 hours.

There are many different types of elbow replacement available and your surgeon will discuss the options with you.

Your surgeon will make a cut on the back of your elbow and remove the damaged joint surfaces. They will replace these with an artificial elbow made with metal, plastic or ceramic, or a combination of these materials.

Your elbow replacement is fixed into the bone using acrylic cement. Your surgeon will close your skin with stitches or clips. They may insert a drain (tube) under your skin to help your wound to heal. This is usually removed after 1 to 2 days.

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.

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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 (a tight strap).
- 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 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. You may need antibiotics and physiotherapy. 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.
- Venous thromboembolism (VTE). This is a blood clot in your leg (deep-vein thrombosis – DVT) or one that has moved to your lung (pulmonary embolus). DVT can cause pain, swelling or redness in your leg, or the veins near the surface of your leg to appear larger than normal. The healthcare team will assess your risk for DVT and encourage you to get out of bed soon after the operation. They may give you injections, medication, or special stockings to wear. A pulmonary embolus is when the blood clot moves through your bloodstream to your lungs. Let the healthcare team know straight away if you become short of breath, feel pain in your chest or upper back, or if you cough up blood. If you are at home, call an ambulance or go immediately to your nearest emergency department.
- Heart attack (where part of the heart muscle dies). A heart attack can sometimes cause death.
- Stroke (loss of brain function resulting from an interruption of the blood supply to your brain). A stroke can sometimes cause death.

Specific complications of this operation

- Damage to nerves around your elbow, leading to weakness, numbness or pain in the ring and little finger of your hand, and weakness of movement of your fingers (risk: 2 in 100).
- Infection, which can result in loosening and failure of your elbow replacement (risk: 3 in 100). You will usually need one or more further operations to control the infection.
- Loosening without infection. You may need another operation to do your elbow replacement again (risk: 1 in 15 in the first 10 years).
- Dislocation of your elbow replacement (risk: 1 in 20). You will usually need a procedure under a general anaesthetic to push your elbow back into place (closed reduction). You may need another operation if it keeps on happening.
- Fracture (break) around your elbow replacement (risk: 3 in 100 during the operation, 2 in 100 after the operation). The risk is higher if you have weak bones. You may need another operation to treat the fracture and your elbow replacement may fail.
- Severe pain, stiffness and loss of use of your hand (complex regional pain syndrome - CRPS). The cause is not known. You may need further treatment including painkillers and physiotherapy. Your hand can take months or years to improve. Sometimes there is permanent pain and stiffness.
- Inability to bend your elbow well. Your surgeon may need to examine your elbow under an anaesthetic (risk: 1 in 10).

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- Surgery to redo (revise) the elbow replacement. An elbow replacement can wear out with time. This depends mostly on how active you are. Eventually a worn elbow replacement will need to be replaced. About 4 in 5 elbow replacements will last 10 years.

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 elbow-replacement wounds usually heal to a neat scar.

How soon will I recover?

In hospital

After the operation you will be transferred to the recovery area and then to the ward. You will usually have an x-ray to check the position of your elbow replacement.

The physiotherapist will help you to start moving and bending your elbow, usually after 6 to 8 days. Getting your elbow to bend takes hard work.

Keep your wound dry for 4 to 5 days, and use a waterproof dressing when you have a bath or shower.

The healthcare team will tell you if you need to have any stitches or clips removed, or dressings changed.

You should be able to go home after 2 to 5 days. 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

To reduce the risk of a blood clot, make sure you carefully follow the instructions of the healthcare team if you have been given medication or need to wear special stockings.

The healthcare team will tell you when you can return to normal activities. To reduce the risk of problems, it is important to look after your new elbow as you are told.

You will need to use a support for your elbow for 6 weeks.

If your elbow replacement does not bend well, your surgeon may need to examine your elbow under an anaesthetic (risk: 1 in 10).

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 for at least 6 weeks after surgery and until you can control your vehicle, including in an emergency. Always check your insurance policy and with the healthcare team.

The future

Do not play contact sports, use heavy tools such as a hammer, or do any activities that may involve you falling. Your healthcare team will speak to you about how much weight you can put on your elbow.

Most people make a good recovery, have less pain, and can move their elbow better. An artificial elbow never feels quite the same as a normal elbow. You can expect to be able to bend your elbow to 120 degrees. It is unlikely that you will be able to fully straighten your elbow.

An elbow replacement can wear out with time.

This depends mostly on how active you are. Eventually a worn elbow replacement will need to be replaced. About 4 in 5 elbow replacements will last 10 years.

Summary

An elbow replacement is usually suitable for people who have arthritis. If you have severe pain, stiffness and disability, an elbow replacement should reduce your pain and help you to move your arm more easily.

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.

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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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