

Elbow Replacement

Information for patients



You have been placed on the waiting list for an elbow replacement. This leaflet tells you what to expect when you are admitted for surgery and what will happen afterwards.

Elbow replacements are carried out because of poor elbow function as a result of pain.

The commonest reason for this is Rheumatoid Arthritis, but elbow replacements are occasionally carried out for other reasons. You should view the aim of the operation as the restoration of some of the function lost by relieving this pain.

It is not likely to dramatically improve the range of movement in your elbow.



Surgery

Normally you would be admitted to hospital on the day of the operation. You will have been pre-assessed and various tests such as X-Rays, heart tracings and blood tests may already have been carried out. You will be seen by nurses, doctors and occasionally by physiotherapists and occupational therapists according to your needs.

The operation is usually carried out under General Anaesthetic. You may also have a nerve block which means that your arm will be numb and floppy for some hours after the surgery. The operation lasts about one to two hours. You will be in the theatre unit longer than this, however, as you will spend some time in the recovery area.

When you wake up you will have either a plaster cast or a sling on the arm. You will also have a drip and possibly an oxygen mask. If you have pain, you should make staff aware so that painkillers can be given.

After Surgery

All patients wake up with the arm bandaged and there may be a plaster splint within the bandage - if so this will be removed the day after surgery.

You will be given a sling to wear for your own comfort for two or three weeks after this, but you may discard it when you wish. Exercises can start as soon as you are out of the cast.

You will be allowed home when you are comfortable and we are happy that the wounds are healthy and you will be able to manage.

At Home

You will be expected to exercise the elbow to regain your movement. We recommend that you sit at a polished table or other surface in a chair and take a duster in your hand on the arm that has been operated. By dusting the surface as far from and as near to yourself as you can reach, you will restore elbow movements. Do this at least three times a day.

A good deal of the movement you originally had should return in about six weeks. Up to six weeks you should work on improving the movements but it is important not to stress the tendon repair at the back of the arm. This means you should avoid pushing against things such as doors or chair arms. After six weeks build up the work you do with the elbow gradually so that it does not hurt.

Possible Complication

Fractures can occur during surgery and may require further work that delays your return of movement and function. The following list shows the approximate frequency of the more common complications -

Complication	Frequency
Tingling/numbness	15%
Wound healing problems	4%
Infection	4%

The tingling affects the little finger and hand below this. In most cases it is temporary but in 5% it is still there one year after surgery and in 1-2% it persists permanently.

Results

Overall, published studies suggest that 85% of people are pain free at rest one year after surgery. 80% have no pain at night by this stage. 75% have no pain with movement and 70% have no pain when pushing/pulling/lifting.

At one year almost everyone can reach their mouth to eat but only 90% can reach the top of the head.

60% of patients will feel the elbow is stronger after surgery but only 15% will be able to get back to full, unrestricted housework.

The range of movement after surgery is a little unpredictable. It is very rare that you will actually have less movement than before surgery.

Most people actually gain about 10° of movement in each direction, but you should not count on this.

Follow up

We will of course be happy to see you if you are at all concerned after surgery. This may be a problem that you can settle by phone with the nurses on the ward or may mean us arranging to see you in clinic.

Normally you would be seen about six weeks after surgery in the outpatient department. The frequency of clinic visits will fall off with time but while ever you have the artificial joint in place you will need occasional X-Rays.

Long Term

Like all artificial joint replacements, elbow replacements will become loose with time. The rate at which they become loose depends on a number of things including the use to which it is put.

We would expect 85% of elbow replacements to be still functioning well ten years after surgery. Revision surgery may allow a new elbow replacement to be inserted, though in some cases the loss of bone means that this cannot be carried out.

Useful contact numbers

Pre-Assessment	0113 3924689
Theatre scheduler	0113 3924689
Post Operative unit	0113 39 24503
Ward C3	0113 39 24203

If you have any concerns after discharge home, with anything, particularly your wound, pain or swelling please feel free to contact ward C3 for advice, and assessment if indicated.



What did you think of your care?

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