



## Elbow Replacement - Linked

### Purpose of Operation

To provide a stable and pain free elbow joint. This is mainly a pain relieving procedure for arthritis of the elbow joint and rarely for complex fractures. Replacement is done when the native articulation is so damaged as to cause pain and loss of function.

### Procedure

The prosthesis is metal with high molecular weight polyethylene bushing at the articulation. The components are cemented using antibiotic containing cement. The procedure is done under general anaesthetic and involves a short stay on the ward (2 – 3 days).

### Main possible complications

Infection which may need antibiotics and may delay healing. Rarely may need re operations. (ask your surgeon)

Ulnar nerve damage, Radial nerve damage, Humeral or ulnar fracture. Loosening.

#### **Other Risks**

Anaesthetic risk, Pain following surgery. Unsightly scar.

Bleeding, Instability or Stiffness of the joint., Neurovascular damage

#### **Benefits**

To reduce or alleviate the pain in your elbow.

#### **Alternatives**

Most people will have received other treatments from family Doctors or Rheumatologist such as-

Painkillers, anti-inflammatory drugs, injection of steroids and other drugs into the joint and Physiotherapy.

Other operations available include making the joint solid and immovable (Arthrodesis) or cleaning it out (Debridement). If the lining of the joint is very inflamed it can be removed (Synovectomy).

If you do nothing the joint tends to get worse over time. Your surgeon will advise if waiting would be harmful or make the situation more difficult to deal with.

### **Post-operative**

Commence exercises as soon as possible and as pain allows. The surgeon and physiotherapist guide you through the early days of recovery.

Functional rehabilitation and monitoring of splint continues with Occupational Therapist. At 6 weeks muscle control through full range of movement flexion/ pronation/ supination is aimed to be achieved.