Elbow Arthroscopy Advice Sheet

DIARMUID MOLONY
ORTHOPAEDICS

Elbow Arthroscopy, commonly known as keyhole surgery, involves small incisions around the elbow to allow insertion of a camera and instruments. The space inside the elbow is inflated using fluid to allow vision inside the joint and surrounding spaces. In addition, instruments and implants may be passed through the small incisions to allow fixation or other treatment of damaged structures. While pre-operative MRI and other imaging aids decision making and pre-operative planning, it is important to remember that definitive diagnosis for some conditions may not occur until the time of your surgery. This is why we frequently discuss several options that may arise intraoperatively in order to have your consent to proceed and deal with the pathology we identify "on table".

If you have any specific concerns, please ask either in the clinic or at the time of consent pre- operatively. It may be helpful to write any questions you may have down prior to your consultation or when we review you on the morning of surgery. You may wish to educate yourself regarding your condition. There are several online platforms including our own website www.dmorthopaedics.ie and the BESS website for this purpose.

Post operatively I will explain the findings and advise you of the likely post-operative recovery. In general however the following applies:

Dressings and Sling:

In general, the sling is only required for comfort. We will be encouraging you to move your elbow in the early post op phase within the limits of pain. In addition for more advanced cases of arthtritis or stiffness you may require a "robot" or continuous passive motion (CPM) machine to move the elbow for you so as to minimise post-operative swelling and maintain the range achieved "on table". See the section of our website for elbow stiffness and elbow release for further information on this. You will have a bulky dressing on initially which act to soak up any fluid coming out of the elbow in the initial phase. This can be removed at 48 hrs. The inner dressings should remain for 5 days and can be exchanged for new ones then.

Wounds:

We use nylon stiches to ensure a watertight seal of your wound. You will need to see your GP for removal of sutures at the 2 week mark. It is advisable to arrange this consultation with your GP in advance of surgery. Where there are concerns regarding your wounds please contact my office and we will arrange an early review if necessary

Post Op Therapy:

Occupational therapy and Physiotherapy is an essential part of the treatment. It is important you engage fully with a therapy program post operatively. In general you will be seen by a therapist before discharge from hospital. In cases where significant soft tissue release has been performed you may require a splinting program post op. This will require occupational therapy or a subspecialist upper limb physio with splinting experience. We will usually be able to advise you of this requirement pre operatively. Where splinting is not required, you should seek to see a therapist comfortable with managing elbow problems in a unit convenient to you within the first week or two post operatively.

Pain Control:

You will require pain relief post operatively and a prescription will be provided for you on discharge. This will include a range of medication depending on the usual requirements for your operation.

PLEASE LET US KNOW OF ANY ALLERGIES OR MEDICATION INTOLERANCES IN ADVANCE OF SURGERY

In general taking pain medication regularly for the first 5 days is recommended. After this your requirements are likely to reduce. Remember that therapy may cause some pain and so taking pain medication in advance of sessions is wise. In addition do not underestimate the ability of simple measures to impact significantly on pain relief.

A good example of this is cryotherapy (ice packs). There are several on the market and your local pharmacy will be able to guide you. In general, the more simple the better. If a cryotherapy device is complex for you to put on, you are less likely to use it. Often a simple bag of frozen peas is as good as any other. It is important to protect your skin with a towel or similar when applying a cold pack to your joint as prolonged cold can damage your skin.

Our anaesthetic team may offer you a pre-operative nerve block. This does help with post op pain control and your anaesthetist will discuss the risk/benefit of it with you. Where a block is administered, post-operative pain control is usually good but the duration will be limited so it important that you take your pain medication before the block wears off. Pre loading your systemic pain control in this way will prevent you from getting sudden onset of severe post -operative pain when the block wears off.

Return to work:

For desk-based work in general you will need 2 weeks to allow wounds to heal and for your pain relief requirement to fall. With more manual activity it may take longer but once the wounds are dry it is really pain dependant. With release surgery an extended period of splinting may be required which may limit your ability to work. Exercise and gym should be avoided until the wounds are healed, typically 10-14 days to minimise the risk of infection.

Driving:

You should be able to drive an automatic after 2 weeks. If you have a manual, return to driving may take 6 weeks but with lesser procedures you may be able to get back sooner. It is important you advise your insurer of your surgery and that you are sensible about returning to driving. We would advise that you try driving in a safe environment first before returning to the road for example a quiet car park or other open space.

DO NOT DRIVE OR WORK MACHINERY IF TAKING NARCOTIC PAIN MEDICATION

Risks of surgery:

These will be discussed with you at the time of your consultation and on the day of your procedure during the consent process. These typically include infection, bleeding, nerve and vessel injury , instrument failure, damage to joint surfaces, fracture and the risk of post operative pain and stiffness. In addition, there are the risks of anaesthesia which include chest infections, stroke, heart attacks and clots either in the leg or lungs. While rare, these complications can be serious and in some cases fatal. There may be specific risks associated with the particular procedure you are undergoing. If that is the case, I will discuss this with you during the consent process.

It is important to remember that while controlled, surgery is in and of itself an injury. Inflammation, pain and swelling are natural reactions to injury and while we will attempt to minimise the effects of these, post-operative pain and frustrating lack of function are completely normal for the post-operative period. Depending on the exact procedure, this may be for a period of several weeks. Typically the discomfort gets better over time. If you are not seeing an improvement or indeed your pain is worsening, or if swelling and redness are developing then you should let us know early so that post-operative complications such as infection or bleeding can be dealt with as soon as possible.

For further information please consult our website www.dmorthopaedics.ie. You can also call us during office hours on 089-4004995 or email us on info@dmorthopaedics.ie. In case of emergency there will always be a member of the orthopaedic team on call in Tallaght hospital so you may attend the A/E there and look to be seen by the orthopaedic team on call. In addition, there are A/E facilities in the Blackrock clinic which may be able to help you and who will liaise with us as necessary. If you are based outside Dublin and require urgent review you should contact your GP or attend your local A/E.