Elbow Release Advice Sheet

DIARMUID MOLONY
ORTHOPAEDICS

Elbow Release surgery for stiffness is done either arthroscopically (Keyhole) or open. This depends on the cause and severity of the stiffness involved. In general, the bigger the restriction, the more likely open surgery will be required. In addition, an open procedure is usually required if previous surgery has occurred in the field as scarring may prevent adequate visualisation at arthroscopy. In addition implants may need to be removed which requires an open approach. Finally nerve releases may be needed to prevent problems once motion has been restored and this too may require open or partial open surgery. For further details on keyhole surgery please see our advice sheet on elbow arthroscopy.

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:

Open or arthroscopic, the goal of surgery is to retrieve functional range in the elbow. Retrieval of pre injury/disease range is rarely possible. Even if we achieve full range on table and you engage fully with post op rehab, some of the range gained will be lost due to muscle contraction and scarring. Generally an arc of about 30 degrees of improvement can be achieved. The key is to engage with post operative rehab to maximise the range while your soft tissues and scars are maturing.

Releases are usually performed under general anaesthetic. You may also be offered a nerve block. This allows adequate pain control for post-operative range of motion exercises. The contracted tissues are excised and any bony overgrowth, loose bodies or impeding implants are removed. The procedure is often extensive and make take over 90 minutes to complete. Important structures for stability of the joint and local nerves and vessels need to be protected. This can cause limitation of what can be achieved in terms of “on table” range.

In large releases, because of the extent of soft tissue dissection required, a post-operative drain is often needed. This usually stays in for 2 days during the early period of postoperative rehab. In addition 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” may be required in addition 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” may be required. You will also have a bulky dressing on initially. This acts to soak up any fluid coming out of the elbow in the initial phase. Splinting will commence following removal of the drain and bulky dressing prior to your discharge.

Wounds:

For arthroscopy 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. For larger releases skin staples may be used. As an early post op review will be often necessary anyway, we can often deal with your sutures for you then. Where there are concerns regarding your wounds please contact my office and we will arrange an early review if necessary

Post Op Therapy:

The splinting program requires the close supervision of an experienced upper limb therapist to maximise success. There is guidance available on our website and through the Occupational Therapy department in Tallaght University Hospital. Please ensure your therapist is comfortable to deal with your case. If in doubt we will be happy to recommend a therapist close to you but it may require some travel, especially in the early days. For smaller or “specific goal” releases less restrictive programs may be suitable.

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 BEFORE SURGERY

In general taking pain medication regularly for the first 5 days is recommended. After this your requirements are likely to reduce. Remember that physiotherapy 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. You will need to be splinted during the day so ensure that this will not preclude your return to work. With more manual activity it may take longer. Typically the initial splinting program lasts 8 weeks but in large releases it may be longer. In addition because of the extensive sort tissue inflammation, building work tolerances can take several months.

Driving:

Depending on splinting requirements you may be able to drive an automatic after 2 weeks but 6 weeks is more realistic. If you have a manual, return to driving will take at least 6 weeks. 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, haematoma, nerve and vessel injury , instrument failure, damage to joint surfaces, fracture and the risk of post operative pain, stiffness or instability. 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 particular elements of the release 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. 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.