

Elbow arthroscopy

This information sheet aims to answer some of the questions you may have about having an elbow arthroscopy. It explains the benefits, risks and alternatives of the procedure as well as what you can expect when you come to hospital. If you have any questions or concerns, please speak to a doctor or nurse caring for you.

What is an elbow arthroscopy?

The elbow is a hinge joint that, when damaged, can become stiff in its movement.

Sometimes intra-articular damage can occur. This is damage from within the joint, for example following excessive stress on the joint, as in strenuous exercise, or as a result of medical conditions such as arthritis. This type of damage can cause bits of cartilage or bone to become loose within the joint and interfere with the normal range of movement of the elbow.

Alternatively, extra-articular damage can occur. This is damage from outside the joint, and can be caused by a number of factors including trauma and previous elbow surgery. This usually results in scar tissue formation and thickening of the capsule surrounding the elbow joint, which restricts the movement of the elbow.

An elbow arthroscopy is a type of 'keyhole' surgery that allows the surgeon to look inside the hinged joint of the elbow using a small camera called an arthroscope. The arthroscope allows us to see what is causing the stiffness in your elbow.

During the surgery, the arthroscope is placed into the elbow joint through a small cut in the skin, allowing the relevant structures to be inspected. Any loose bits of cartilage or bone found are removed. The thickened capsule is divided to allow for more movement of the joint. This is known as a capsular release. Scar tissue is also divided to allow for an increase in the elbow's range of movement.

What are the benefits – why should I have an elbow arthroscopy?

Usually the main reason for needing this surgery is to improve any stiffness you may have in your elbow. By increasing the range of movement of your elbow, the aim is to restore the normal function and reduce any pain you may be experiencing.

What are the risks?

In general, the risks of the operation relate to the anaesthetic and the procedure itself.

In most cases you will have a general anaesthetic. This means that you will be asleep for the entire surgery. The anaesthetist will discuss this procedure with you before your surgery and identify any risks that may be particular to your case. You should be given a copy of our leaflet **Having an anaesthetic** – please tell us if you do not have a copy.

Elbow arthroscopy is performed frequently and is generally a safe surgical procedure. For most patients, the benefits are far greater than the disadvantages. However, to make an informed decision and give your consent, you need to know of the possible side effects and potential risk of complications.

Complications include:

- Infection (less than 1%)
- Nerve injury (less than 1%)
- Neuroma – a growth of nerve tissue, (less than 1%)
- Bleeding (less than 1%)
- Stiffness of the elbow (1–2% of cases). This is usually self-limiting, improving over a three-six month period.
- Partial/incomplete symptom relief
- Recurrence
- Complex Regional Pain Syndrome (1 in 3,000)
- Need for further interventions and/or procedures (your doctor will discuss further treatment options based on your progress and requirements).

Are there any alternatives?

The need for surgery is dependent on the amount of disability and discomfort you suffer as a result of your condition. Elbow arthroscopy is just one possible treatment for this condition. Other options include physiotherapy, which may be trialled first to help improve the range of movement.

How can I prepare for an elbow arthroscopy?

It is important to remove all jewellery on the affected arm in preparation for the surgery. You will also need to fast (have nothing to eat or drink) from midnight the day before your surgery. The pre-assessment team will discuss with you which of your medications (if you are taking any) can be taken on the day.

Please refer to the leaflet, **The surgical admissions lounge (SAL) at Guy's Hospital**, which will provide you with more information about pre-operative preparation. If you have not been given a copy of this leaflet, please ask for one.

Asking for your consent (permission)

We want to involve you in all the decisions about your care and treatment. If you decide to go ahead with the surgery, you will be asked to sign a consent form. This confirms that you agree to have the procedure and understand what it involves. You should receive the leaflet, **Helping you decide: our consent policy**. If you do not, please ask us for one.

What happens during the operation?

On your day of admission you will be seen by a doctor from the surgical team who will mark the site of the surgery and ask you to sign the consent form if this has not already been done. The anaesthetist will review your fitness for surgery and finalise the planned anaesthetic regime. You will then go into the operating theatre for your operation under general anaesthetic.

The surgery involves making several cuts around the elbow so that the arthroscope can access the elbow joint. After assessing the structures that make up the joint, any loose bits of bone or cartilage are removed and the thickened capsule around the elbow joint is divided. The surgeon will assess the extent of the motion you have throughout the procedure. At the end of the operation, your skin wounds are stitched and dressed with sterile dressing. You may also be given a sling.

Will I feel any pain?

Post-operative pain is normal and you will receive a combination of pain-relieving methods to help minimise this pain.

What happens after the procedure?

Following the operation you will be transferred through to the recovery department. This is where you are monitored for the initial post-operative period. You will then be transferred either to the orthopaedic ward or to ambulatory care in the day surgery unit. You may go home on the day of surgery or require an overnight stay on the ward. When you go home depends on your individual circumstances and the time of your surgery, and will be discussed with you before your procedure. If you are going home on the day of surgery you will need to arrange for someone to collect you (in a car or taxi) and stay with you overnight. You may be seen by an orthopaedic physiotherapist if your surgeon indicates that this is required.

What do I need to do after I go home?

The elbow may feel stiff during the first few days following your operation, but this should gradually improve. If you have been given physiotherapy exercises it is important to continue with these while you are at home so as to avoid the risk of the elbow remaining stiff and reducing the potential benefits of the surgery. It is also important to move your shoulder, wrist and fingers regularly to prevent these joints from stiffening up.

You should leave the dressing intact, clean and dry until your next follow-up appointment, about two weeks after your surgery.

It is essential that you maintain an adequate level of pain relief after your surgery, so please make sure that you regularly take your prescribed painkillers. If you are still in pain, you should seek further advice from your GP.

Depending on the nature of your work, you may be signed off from working for between one and three weeks.

Will I have a follow-up appointment?

Two weeks after surgery you will come to the outpatient department to have your wound checked and stitches removed. Your dressings will be checked and reduced as appropriate. You will be reviewed by an orthopaedic doctor at this time.

Contact us

If you have any concerns about your operation then please contact

- **Mr Corbett's** and **Mr Richards'** secretary on **020 7188 4471**
- **Mr Povlsen's** secretary on **020 7188 4466** (Mon–Fri, 9am–5pm).

Please contact your GP or attend your local A&E department if you have any urgent medical concerns outside of these hours.

Further sources of information

Pharmacy medicines helpline

For information about any medicines that you have been prescribed at Guy's and St Thomas' hospitals, you can speak to the staff caring for you or call our helpline.

t: 020 7188 8748 9am to 5pm, Monday to Friday.

Patient Advice and Liaison Service (PALS) – To make comments or raise concerns about the Trust's services, please contact PALS. Ask a member of staff to direct you to the PALS office or:

t: 020 7188 8801 at St Thomas' **t:** 020 7188 8803 at Guy's **e:** pals@gstt.nhs.uk

Knowledge & Information Centre (KIC) – For more information about health conditions, support groups and local services, or to search the internet and send emails, please visit the KIC on the Ground Floor, North Wing, St Thomas' Hospital.

t: 020 7188 3416

Language support services – If you need an interpreter or information about your care in a different language or format, please get in touch using the following contact details.

t: 020 7188 8815 **fax:** 020 7188 5953

NHS Direct – Offers health information and advice from specially trained nurses over the phone 24 hours a day.

t: 0845 4647 **w:** www.nhsdirect.nhs.uk

NHS Choices – Provides online information and guidance on all aspects of health and healthcare, to help you make choices about your health.

w: www.nhs.uk

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