



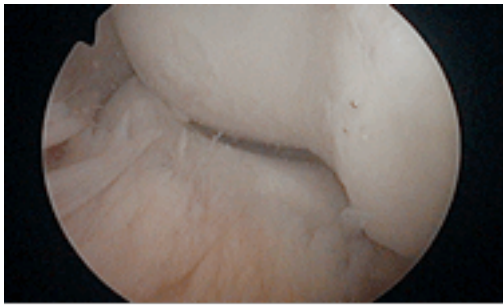
## Patient Information – Elbow Arthroscopy

### What is elbow arthroscopy?

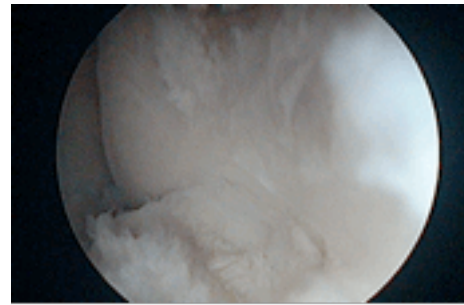
Elbow arthroscopy or keyhole surgery of the elbow involves the insertion of a small camera and instruments into the elbow joint through a number of small incisions (<1cm) around the joint. The elbow is distended with fluid to allow the surgeon to visualise the inside of the joint and treat a variety of different conditions.

### What conditions can it be used for?

Elbow arthroscopy can be used to treat a number of different conditions including osteoarthritis and rheumatoid arthritis. It can be used to remove loose fragments from the elbow or remove inflamed joint lining (synovitis) and can increase the range of movement of a stiff elbow joint. Cartilage damage to the joint surfaces (Osteochondritis dessicans) can also be repaired or removed.



Front of the elbow - Radial Head  
(Previous fracture)



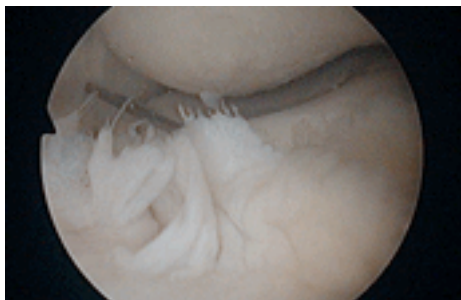
Back of elbow - olecranon

### What are the risks?

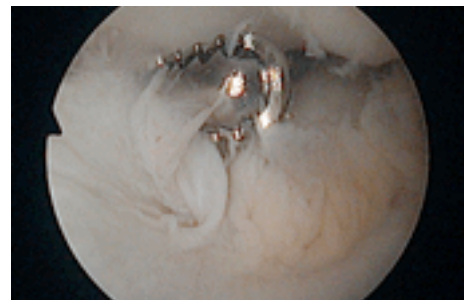
The main risks of elbow arthroscopy include damage to nerves and blood vessels. This can be reduced by careful placement of the incisions. Nerve injury is reported in approximately 4% of cases but usually resolves within the first 6 months after surgery. There is a small risk of infection, wound leakage (6%) and stiffness following surgery.

### What are the results of surgery?

When used to try and increase the range of movement of a stiff elbow studies have shown that 90% of patients can get an increase in their range of movement. Results are best where the reduction in range has not been longstanding. When used to treat arthritis good or excellent results are obtained in around 85% of cases.



Front of the elbow - Establishing a lateral  
portal



Front of the elbow - Arthroscopic  
debridement



## Patient Information – Elbow Arthroscopy

### **What needs to be done prior to surgery?**

The decision to have surgery should only be made after thorough discussion with your surgeon. You should be satisfied that you have all the information you require in order to make an informed decision and that you are aware of both the potential risks and benefits of the planned procedure. It is important that you fully disclose any health problems you may have had. Some may interfere with surgery, anaesthesia or aftercare. You should inform your surgeon and anaesthetist of previous allergies or reactions to antibiotics, anaesthetics or other medicines and in particular of any problems with prolonged bleeding or excessive bruising. Anti-inflammatories or other drugs, which increase bleeding, may need to be stopped prior to surgery. You should stop smoking at least two weeks before surgery as smoking increases the risks of surgery and impairs healing.

If you decide to have surgery, your surgeon will ask you to sign a consent form. Read it carefully and raise any questions. It may be necessary for additional procedures to be performed at the time of surgery if the arthroscopic findings vary from the imaging studies. As you may need help with your daily activities after the operation you should make the necessary arrangements prior to surgery.

### **What happens after the surgery?**

Local anaesthetic is usually injected into the elbow and the wounds are closed using absorbable stitches. Your treating surgeon will normally review you on the ward following surgery and describe the procedure performed and any additional procedures that were required. A physiotherapist will also see you in order to introduce you to the rehabilitation program. It is vital that you work hard on your rehabilitation in conjunction with your physiotherapist in order to optimise the outcome of your surgery.

We hope that the above summarises your key questions regarding your forthcoming procedure. Further information is available via our website ([www.cardiffsportsorthoapaedics.co.uk](http://www.cardiffsportsorthoapaedics.co.uk)).

Please do not hesitate to contact your treating surgeon should you have any further questions or concerns.