

Elbow Arthroscopy

Elbow arthroscopy may be indicated to remove loose bodies, smooth out catching tissue, or debride (tidy up) the elbow in some cases of symptomatic mild arthritis. The goal of surgery may to treat mechanical symptoms like locking and painful impingement in flexion and extension.

The Procedure

- Day case surgery under general anaesthetic.
- A padded bandage is applied and a light sling is given.
- Local anaesthetic is administered at the time of surgery and may result in temporary numbness in part of the arm and hand. This resolves over several hours.

After Surgery

- Elevate the arm when resting over the next few days so that the hand is higher than the elbow while resting on pillows. This helps decrease swelling.
- Use the sling for comfort when out and about in the first 3 days.
- Keep the bandages clean and dry.
- After 4 days the bandages can be removed.
- Leave the surgical sticking tape on the small wounds in place. This tape usually lasts a couple of weeks until you are seen at clinic.

Exercises

- From day 1, keep the wrist and hand moving with movement exercises and squeezing a soft object. You can use the arm gently to care for yourself and move the elbow gently to achieve basic functions.
- From day 4, when the bandages are off, you can shower briefly without covering the wounds and pat the wounds dry. You can practice flexing and extending the elbow slowly, holding it at end range to gently stretch and get increased movements.
- Physiotherapy can be helpful starting around 1 week from surgery, to work on range of movement, help with swelling with tubigrip bandage, and gradually strengthen the muscles around the elbow and wrist.

Risks of Surgery

- Complications are uncommon but may occur. These include general complications of surgery, such as anaesthetic complications, infection and inadequate improvement.
- The special but very uncommon complication with elbow arthroscopy is nerve injury. With nerve injury, there may be temporary or permanent numbness and weakness in the wrist and hand. This is uncommon.

Return to Work Guidelines

Often the initial return to work is part-time hours and modified duties, gradually building up.

Sedentary duties: By 7 days

Light duties: By 10 to 14 days

Driving automatic power steering car: By 10 days, depending on progress of comfort and confidence in the arm

Medium lifting: By 6 weeks, gradually building up to heavier activities

Running/cycling/swimming: 2 weeks, gradually building up depending on progress

Heavier activities: Contact sports may be 6 weeks or longer, depending on progress.