Osteoarthritis of the elbow

What is it?

In a normal joint the articulating bone ends are covered with a smooth layer of cartilage which allows free and painless movement.

In osteoarthritis (degenerative arthritis) the cartilage thins and eventually the bone ends articulate against each other.

The joint capsule may also thicken and there may be additional bone formation.

The result is pain, stiffness, loss of movement and maybe catching or grinding of the joint.

How is it diagnosed?

Osteoarthritis of the elbow is diagnosed on the basis of the history described above, and by clinical examination.

Plain radiographs will reveal established cases. An MRI scan or elbow arthroscopy are rarely required to detect very early stage disease.

What is my approach to treatment?

Initially the symptoms may be controlled with rest, non-steroidal anti-inflammatory tablets, physiotherapy and steroid or stem cell injection into the joint.

If the condition progresses and or the above measures fail, surgery in the form of arthroscopic osteocapsular release may be beneficial.

Partial or total elbow joint replacement may be required in severe cases.

What does an operation involve?

Surgery is normally carried out either as a day case or with an overnight stay depending on the actual procedure undertaken.

Specifically for this procedure, the removal of loose bodies that are causing catching and extra bone from the edges of the joint that are blocking movement. Release of the joint capsule is undertaken at the same time.

It is performed under general anaesthetic with a tourniquet applied to the upper limb. 2-6 small cuts of no more than 4mm width are made around the elbow, allowing insertion of a telescope (arthroscope) and instruments to carry out the surgery.

On completion of the procedure the skin is closed with non-absorbable sutures. A long acting local anaesthetic injection is administered into the portals and joint to provide pain relief. A dressing and bandaging are then applied.

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The London Hand Clinic

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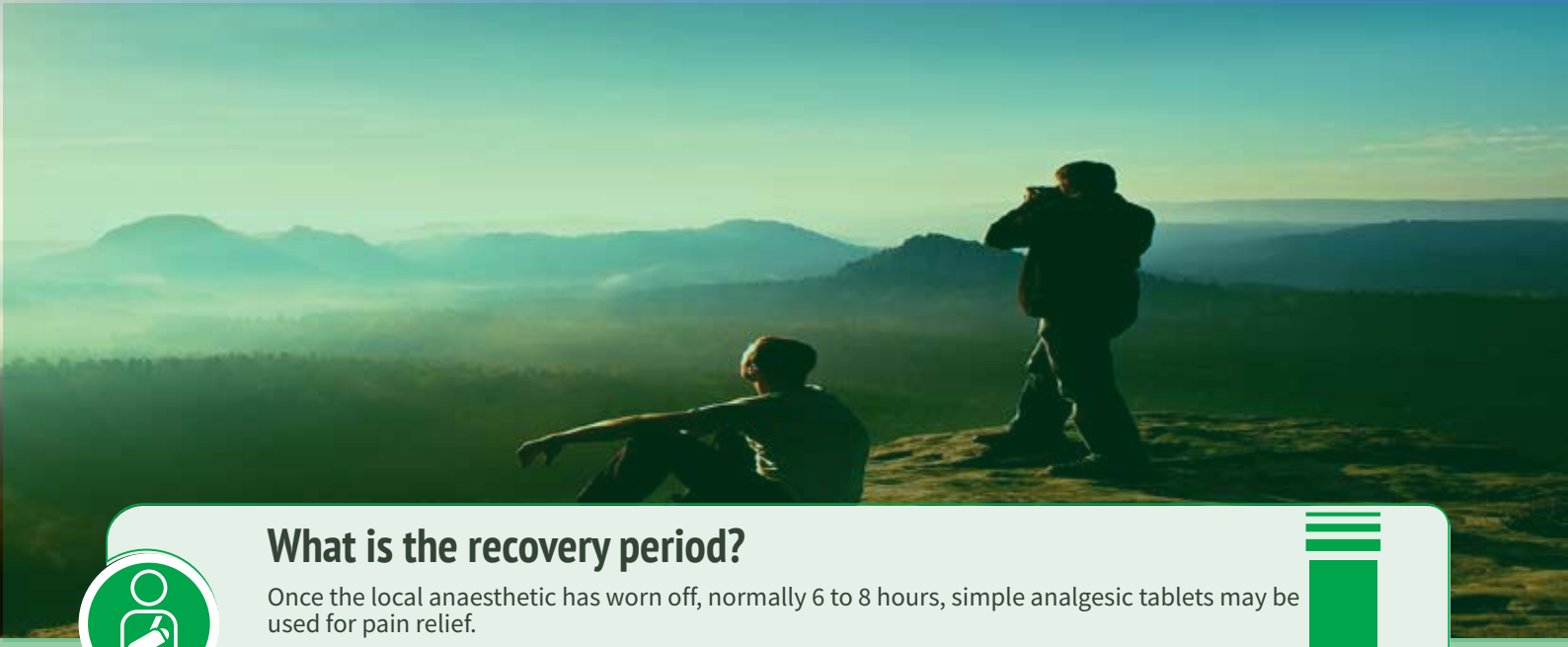

What is the recovery period?

Once the local anaesthetic has worn off, normally 6 to 8 hours, simple analgesic tablets may be used for pain relief.

The hand and fingers should be used immediately.

Bandaging is normally reduced within the first 72 hours to allow movement of the elbow joint and prevent long term stiffness.

Sutures are removed in the clinic at 10 to 14 days. The area should be kept dry and clean until then. Prior to this it's possible to shower by keeping the extremity dry with a plastic bag secured over the limb using an elastic band or a purpose made shower cover.

Elbow movements will be guided by a physiotherapist. Use of a removable splint may be required.

Driving is usually possible after four to six weeks.

When a patient is ready to return to work depends on their specific job role and may also vary from individual to individual. It may be possible to return to light keyboard work after four weeks. Heavy manual work should be avoided for 8 to 12 weeks.

Are there any possible complications?

80-90% of patients are satisfied with the final result. Pain improvement may last up to 10 years.

However, as with any treatment, there are always risks involved: Infection: 1% or less, Chronic regional pain syndrome: 2%, Persistent pain: 10%, Nerve injury: 2%

Insurance fee assured:

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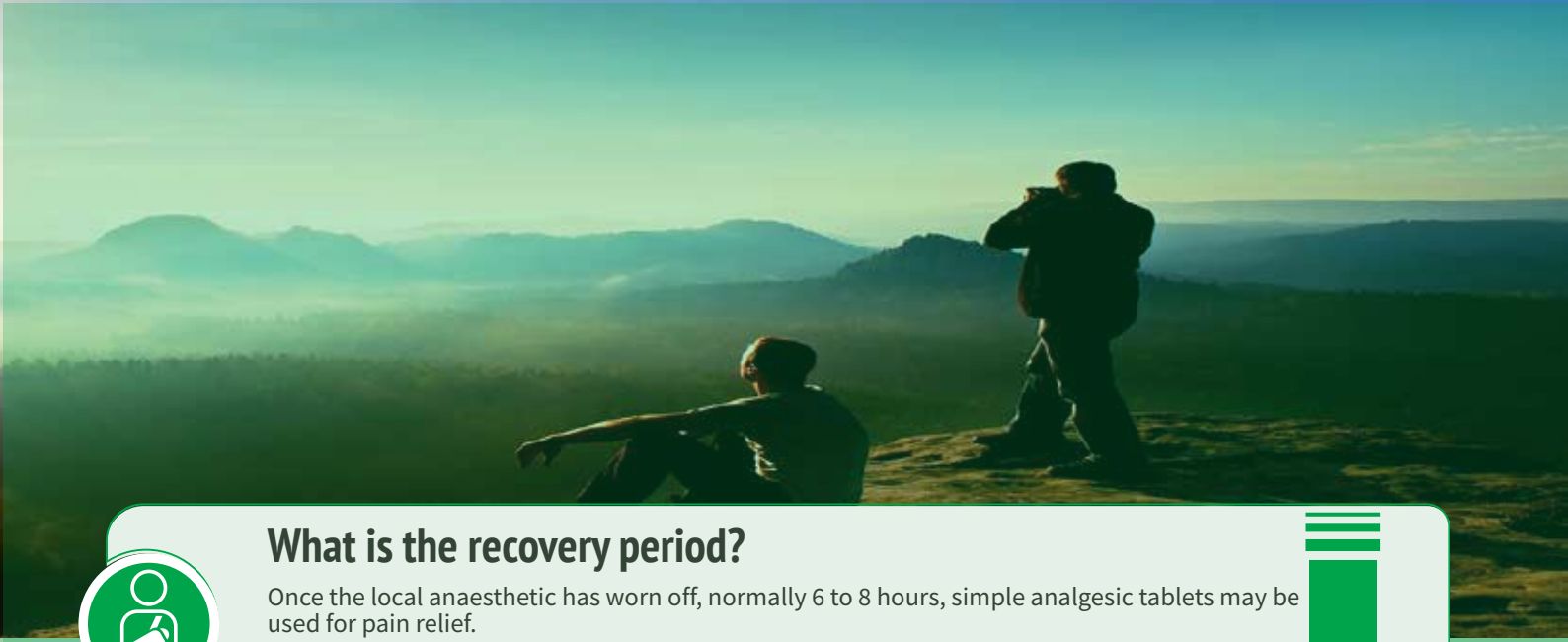

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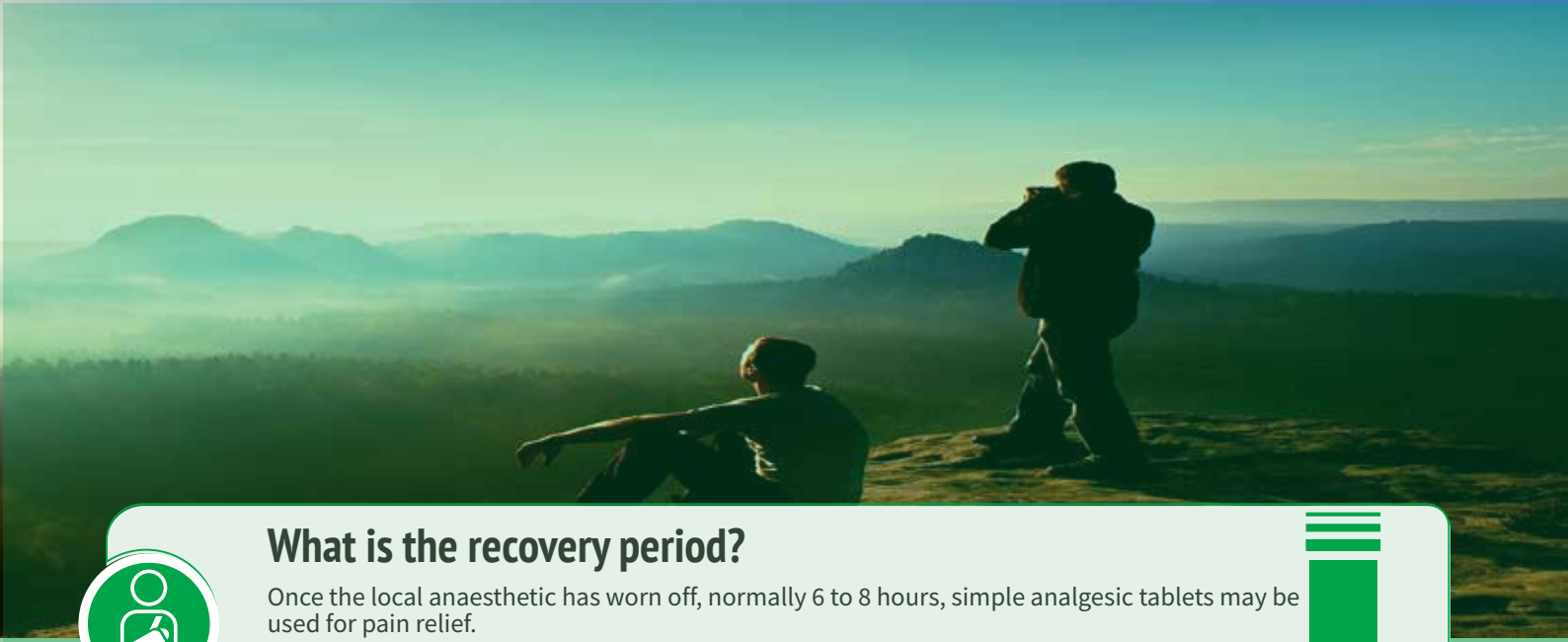

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