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## ELBOW ARTHROSCOPY

Arthroscopy is a surgical procedure where optical instruments are used to visualise the inside of a joint. This can be done through very small skin incisions and then allow treatment of problems within the joint to be performed through other very small skin incisions.

Arthroscopy has dramatically altered the approach to the diagnosis and treatment of a variety of joint ailments. Arthroscopy can be used to aid in diagnosis, to determine prognosis and most importantly, to provide treatment. Arthroscopy of most of the larger joints is an extremely safe procedure and has very few complications.

In recent years, the role of elbow arthroscopy has expanded dramatically and is becoming a much more common procedure. Elbow arthroscopy has the potential to be hazardous to important nearby nerves and vessels, more so than with most other joints. Placing the viewing telescope and instrument in the correct place and being very careful with surgical technique, significantly diminishes the risk to the structures.

There are few contraindications to elbow arthroscopy. There are many situations, however, that might make the procedure more difficult or may preclude the use of certain portals for access to the joint. This includes situations such as ulnar nerve transposition or prior surgery that alters normal elbow anatomy.

The surgery will be performed under a general anaesthetic. Once you are asleep, you will be placed on your side and the arm to be operated on will be placed over an arm holder. Multiple skin stabs will then be made to allow access of both the viewing camera and the operating instruments into your elbow joint. The joint will be thoroughly inspected and then any pathology will be treated at the time.

Elbow arthroscopy is particularly helpful for:

- Removal of loose bodies.
- Evaluation and treatment of OCD.
- Evaluation and treatment of damaged joint lining surfaces.
- Removal of bone spurs.
- Synovectomy – especially for rheumatoid arthritis.
- Stiff elbow release.
- Tennis elbow release.
- Evaluation of instability.

At the completion of the surgical procedure, the skin incisions will be stitched closed and your elbow will be placed out straight in a half plaster.

When you wake up in the recovery room your arm will be in a bulky dressing and you will have an ice pack on the front of the elbow. The arm will remain elevated for between 12 and 48 hours, depending on the nature of your surgery. If you have had a stiff elbow release you will then begin your

continuous motion program, however, for most people it will simply be an exercise program, with or without splinting. You will need to take Indocid 25mg with each meal for 3 weeks (unless you have any contraindications such as stomach ulcers, kidney disease or asthma). This helps to prevent excess bone forming around the elbow which can lead to a lack of motion and require further surgery.

Once the bulky post operative dressing is removed, you will have a compressive stocking placed from the armpit to the hand. This is to remain in place at all times, except when doing your physiotherapy. This compressive stocking helps to reduce swelling, improve range of motion and decrease pain levels.

The time from surgery to full recovery is extremely variable depending on the pathology found within the joint. A simple removal of loose body may have you back to normal function in 2 weeks, however a full stiff elbow release may take several months to recover from.

The complication rate for elbow arthroscopy is slightly higher than that of knee surgery since it is a more complex joint. Despite this the surgery works very well and certainly provides better outcomes than open surgery on the elbow in most instances.