

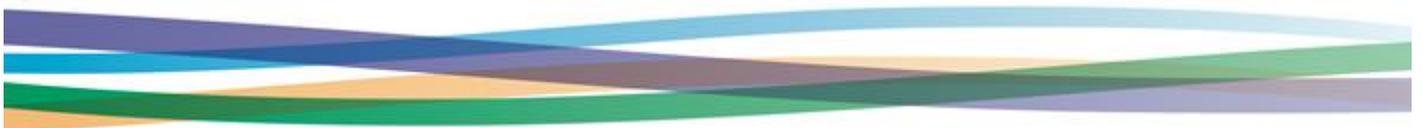
Dedicated to *Outstanding* care



Sherwood Forest Hospitals
NHS Foundation Trust

INFORMATION FOR PATIENTS

Total elbow replacement operation



This booklet contains information about the elbow surgery that you have been advised to have and aims to answer some of the questions you may have about the operation and your stay in hospital.

About elbow surgery at Sherwood Forest Hospitals

The inpatient orthopaedic ward at our King's Mill site is ward 11. On the ward, a 'named nurse' will be allocated to you to co-ordinate your nursing care. You will also have named physiotherapists to supervise your rehabilitation.

You will usually be admitted to the hospital on the day of your operation, and you will usually go home one to two days afterwards. If you think you will need transport to get home or help when you get home, please tell your named nurse when you first come in.

What to bring

You need to bring in with you any medicines that you are taking, toiletries, a towel, nightwear and some loose and comfortable clothing. Please leave valuables at home.

Operation day

Your anaesthetist will see you on the morning of your operation to discuss your anaesthetic with you.

You will be able to eat and drink as usual the day before your operation. You may be able to have an early morning drink even on the day of your operation but you need to discuss this with the ward team before you have any drink.

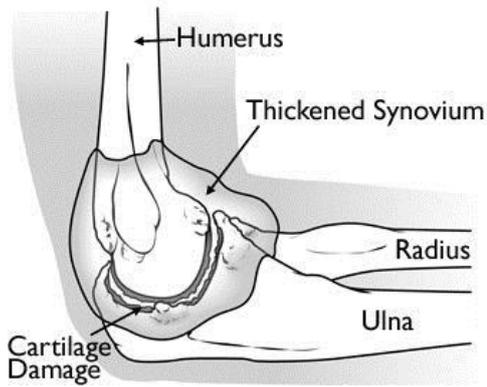
You must not smoke after midnight the day before the operation.

Elbow replacement – what is it?

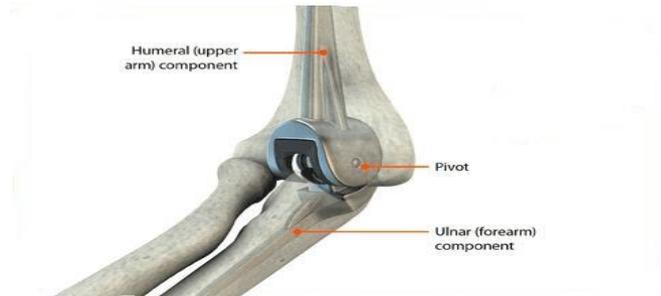
Elbow replacement is an operation in which specially designed components are used to replace parts of your elbow joint damaged by arthritis or injury.

The various parts of an artificial elbow joint are made from a combination of metal and plastic and are designed to mimic the normal movement of your elbow as much as possible.

Left elbow from the side



Right elbow replacement



There are two main types of operation to replace the elbow joint. Elbow replacements can be either “linked” or “unlinked” and your elbow surgeon will discuss the best option for you.

In a “linked” elbow replacement there is a connection between the two metal parts inserted into the elbow joint. In an “unlinked” elbow replacement there is no connection between the metal parts the surgeon puts into the elbow. There are good reasons for choosing one or the other and this depends upon a number of factors. These will be discussed with you by your surgeon.

During your operation your surgeon will remove the end of your arm bone (the humerus) and replace it with a new rounded metal end as shown above. This is attached to a metal rod, which is fixed inside your humerus. The surgeon will then cut the top of your forearm bone (ulna) and place a cupped metal and plastic stem inside as shown above. This cup shaped end is designed to nicely fit with the rounded metal end of the humerus.

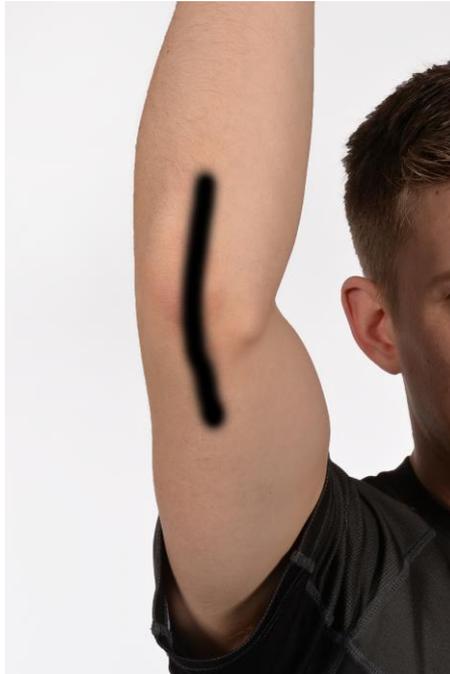
Elbow replacement – what will it do?

Elbow replacement is an operation to relieve your pain, and should take away most, if not all, of the pain that you have in your elbow. It may take several weeks before you feel the full benefit of your new elbow, so please do not be disappointed if it is still painful after the operation.

It is unlikely that you will have as much movement as a normal elbow after having an elbow replacement, but the physiotherapists will help you to try and get as much movement as possible from your new joint. Some people do find that they actually get more movement from their new joint, but this depends upon how stiff your elbow was before the operation.

How is it done?

Elbow replacement is done as an 'open' operation, which will leave a scar about 10-15cms in length along the back of your elbow. During your operation we will examine your elbow joint.



Operation scar

After my elbow replacement operation

Your elbow wounds will have dressings on them.

What will happen on the ward after my operation?

You will have x-rays taken after your surgery.

When we can take your sling off, you will be shown how to do the exercises in this booklet by one of the physiotherapy team.

When will the stitches come out?

Your stitches will be removed at your GP surgery, usually 10 to 14 days after your operation

Will I have to wear a splint or sling?

You will have your arm supported in a sling straight after your operation. This is for pain relief. It also protects your elbow until we have done x-rays to check how your operation has gone.



Sometimes patients find that their arm feels swollen following surgery. This isn't unusual. A good way to manage this is to rest in the sleep position below where you lie on your back with your hand above your elbow. Ice packs can also be used. Your exercises will also help with the swelling. If you are experiencing swelling you should discuss this with your physiotherapist, who can advise you further.

Night splint

Sometimes if you struggle with movements we may ask the occupational therapists to make you a night splint (shown below) to help with your rehabilitation.



Night splint



Night splint on the right arm

How do I fit my sling?

Your sling supports your arm whilst you recover from your elbow operation.

You will be shown how to manage your sling by the physiotherapists before you go home.



1. Support your arm on a pillow before you start. Slide your sling underneath the arm, so that your elbow is tucked into the corner of the sling, as shown.



2. Now using the non-operated arm feed the strap around your back and over the opposite shoulder to the elbow you have had replaced, as shown.



3. Now pull the strap up on itself and fix the velcro at a level where the arm feels comfortable and supported, as shown.

You will be taught how to manage your sling by the physiotherapists. You will also be taught exercises to keep your elbow and hand moving.

How can I sleep comfortably?

You **must not** lie on your operated elbow. We recommend that you lie on your back or the opposite side, as you prefer. Ordinary pillows can be used to give you comfort and support (feather pillows are easier to use than foam ones).



If sleeping on your side, having a pillow or two under your head usually gives enough support for most people. A pillow tucked along your back helps to prevent you rolling onto your operated elbow in the night.

A pillow in front of your tummy is a nice place to rest your hand to help you sleep.



If sleeping on your back, use a pillow under the operated elbow as shown. Again, important in helping you get a good night's rest.

Rehabilitation

Rehabilitation is important to get the most out of your elbow after the operation. The first stage is to get your elbow and hand moving again, with the following exercises. Please be guided by your level of discomfort, we do not expect you to get full range of movement on the first day - you can do too much.

Exercises

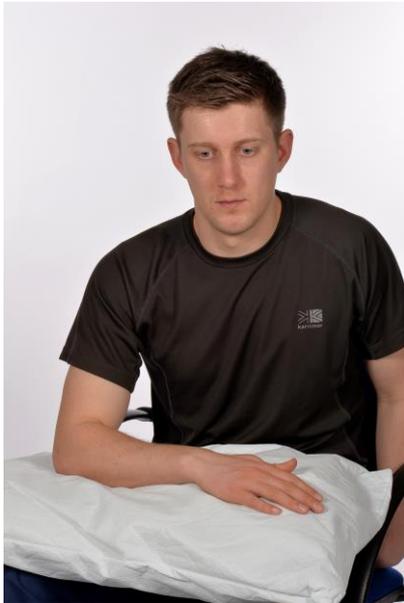
Try to do five to ten repetitions of each exercise. You should do your exercises in this order at least twice a day at home, until your follow up physiotherapy appointment. They can then be altered or increased under the guidance of your physiotherapist.



Open and close your hand gently as comfort allows.



You can also rotate the wrist in a circle so it does not get too stiff.



Have your arm resting comfortably on a pillow.

Practice turning the hand so that the palm faces up and then down again, as shown in the picture.



Rest your upper arm on your thigh as shown in the picture opposite;

Using the non-operated arm, gently assist the operated arm up towards the shoulder as shown.

We are happy for you to work into some tightness and stiffness but we do not want you to have a lot of pain with the exercise.



Next, let the arm gently lower using the non-operated arm to gently guide it down.

We do not want you to push into a lot of pain.

The physiotherapist will guide you on how far to straighten the arm.

When can I go home?

- When you have recovered from your anaesthetic
- When your pain is controlled
- When you have learnt your exercises
- When you are safe to return home.

Is that the end of my treatment?

You will usually have an appointment at a local physiotherapy department within two weeks of leaving the ward.

You will also go to the follow-up clinic at the King's Mill or Newark Hospital. This is run by the advanced practice physiotherapist and/or nurse specialist. They will see you six weeks after your operation and can arrange a quick appointment with your surgeon if necessary.

Around six months, you will have another clinic check-up. This will also be with the advanced practice physiotherapist and/or nurse specialist, who will also organise a quick appointment with your surgeon if needed.

If you are at all worried about your elbow you should contact the hospital's shoulder and elbow team. The telephone numbers are at the end of this booklet.

What will I do as an outpatient?

You will continue with your exercises with the help of a physiotherapist. You will be given more exercises if you need them. You will gradually work on developing the movement in your elbow, progressing to full functional movement. We will encourage you to learn how to use your elbow comfortably and safely.

When can I do my normal activities?

This depends upon your symptoms but most people are comfortable by between six to 12 weeks after surgery.

Driving can be resumed when you are comfortable and safe to control a car. It is wise to discuss this with your insurance company.

The following table gives you the timescales for the amount of rest required to your arm before resuming a particular type of activity.

Light day to day activities (no lifting)	6 weeks
Medium (light activities below shoulder level)	6-12 weeks onwards
Heavy activities (gardening with low loads)	12 weeks onwards

Life-long changes

It is difficult to know how long your elbow replacement will last and therefore we advise that you avoid the following for the rest of your life:

- Heavy manual work

- Forceful pushing or pulling activities
- Lifting objects with any weight (e.g. over 5lbs with one arm or 10lbs between both arms).

Whilst we are happy for you to return to activities like gardening we do advise that you avoid heavy loads on the arm and look at alternative ways of digging ground etc., so that you avoid too much stress on the arm.

We also advise you to avoid sports such as bowls with your effected arm or perhaps try learning to use what was your non-bowls arm.

Useful contact numbers

Kings Mill Hospital
Telephone: 01623 622515

Newark Hospital
Telephone: 01636 681681

Extension number

Mr Kurian's secretary	4117 (Monday to Friday, 8am-5pm)
Mr Bidwai's secretary	6148 (Monday to Friday, 8am-5pm)
Nurse surgical care practitioner	4104 (Monday to Friday, 8am-5pm)
Advance practice physiotherapist	6148 (Monday to Friday, 8am-5pm)
King's Mill orthopaedic ward	3640 (Monday to Sunday, 24 hours)
King's Mill physiotherapy department	3221 (Monday to Friday, 8am-5pm)
Newark hospital physiotherapy department	5885 (Monday to Friday, 8am-5pm)

Further sources of information

NHS Choices: www.nhs.uk/conditions

Our website: www.sfh-tr.nhs.uk

Patient Experience Team (PET)

PET is available to help with any of your compliments, concerns or complaints, and will ensure a prompt and efficient service.

King's Mill Hospital: 01623 672222

Newark Hospital: 01636 685692

Email: sfh-tr.PET@nhs.net

If you need this information in a different language or format, please contact the PET (as above).

This document is intended for information purposes only and should not replace advice that your relevant health professional would give you.

External websites may be referred to in specific cases. Any external websites are provided for your information and convenience. We cannot accept responsibility for the information found on them.

If you require a full list of references for this leaflet, please email sfh-tr.patientinformation@nhs.net or telephone 01623 622515, extension 6927.

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