



Arthritis of the elbow

Information for patients who have osteoarthritis in their elbow

You have been diagnosed with elbow arthritis. This leaflet will explain what arthritis of the elbow is, the signs and symptoms, and how it can be diagnosed. Although the exact method of treatment will differ from patient to patient, the most common treatments used by East Kent Hospitals and their likely outcomes are also covered here. It will also give you information about what you need to do through the process.

If after reading this leaflet you still have questions or concerns, please speak to your surgeon or anaesthetist at your next appointment.

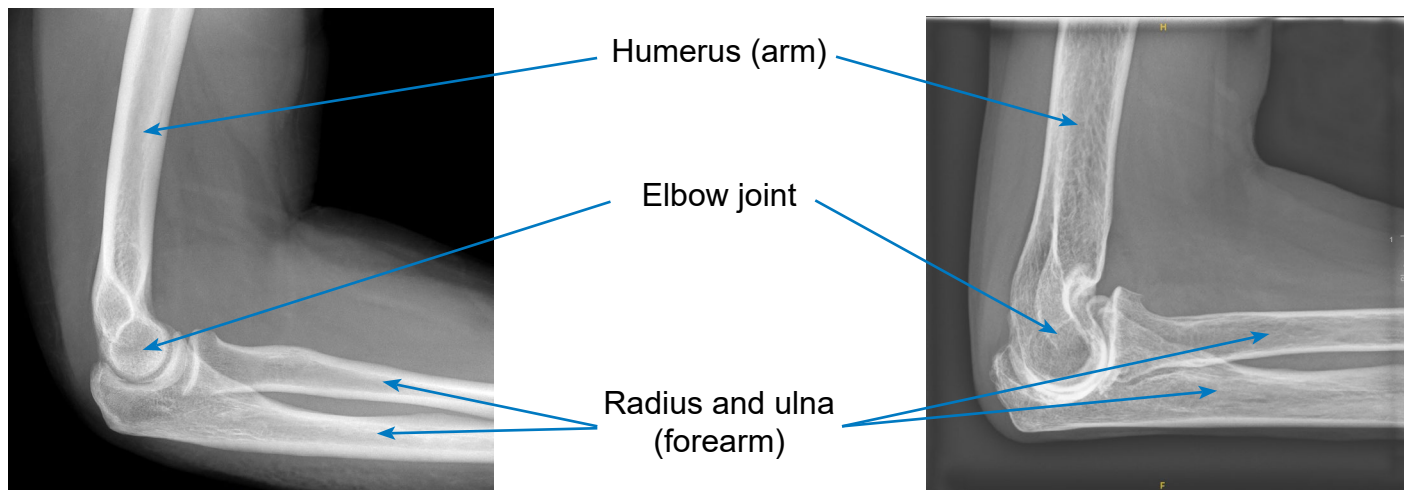
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What is arthritis?

Arthritis is a condition caused by wear and tear of the joint surface, leading to pain and stiffness. It happens when the protective cartilage that cushions the ends of your bones wears down over time and the joint space becomes narrower. There is bony growth on the edges of the joint surface (osteophytes) and bony loose bodies could appear.

The joint can also be affected by conditions such as rheumatoid arthritis.



X-ray showing a normal elbow joint

X-ray showing an elbow with osteoarthritis: decreased joint space and bone growth around the edges of the joint due to wear and tear

Who does this affect?

Arthritis of the elbow is most commonly found in middle aged men who carry out strenuous manual activities, particularly those using pneumatic tools. It is also common in patients with rheumatoid arthritis or as a result of an elbow injury, such as a fracture.

What are the symptoms?

Arthritis usually develops in the elbow slowly, over years. It may remain completely asymptomatic (a patient may not have any symptoms) or it may present with pain, stiffness, deformity, and swelling of the affected joint.

When the elbow is moved, a grating sound or a clicking may be heard/felt. The symptoms may only appear in certain parts of the elbow, or in all parts of the elbow when it moves.

How is the condition diagnosed?

Diagnosis can be made by taking a detailed medical history and physical examination of your elbow. X-rays are the main imaging tool used in diagnosing arthritis.

Sometimes laboratory tests, CT scans, or MRI scans are needed, as they can provide useful information about how bad the arthritis in your joint is. This is particularly important if you are thinking of having keyhole surgery.

What treatment options are available?

Every elbow with arthritis is different. Treatment of this condition will depend on the individual needs of the patient, what symptoms they have, and how much joint wear and tear there is. Treatment options can be non-surgical or surgical

- For patients with mild to moderate (fairly bearable) pain at times, occasional stiffness, or who feel that their elbow is sometimes locking, treatment includes simple painkillers and changes to certain activities, such as avoiding heavy lifting and repetitive strenuous exercises using their affected arm. It could also help these patients to have a course of physiotherapy aimed at improving the elbow's movement and function.

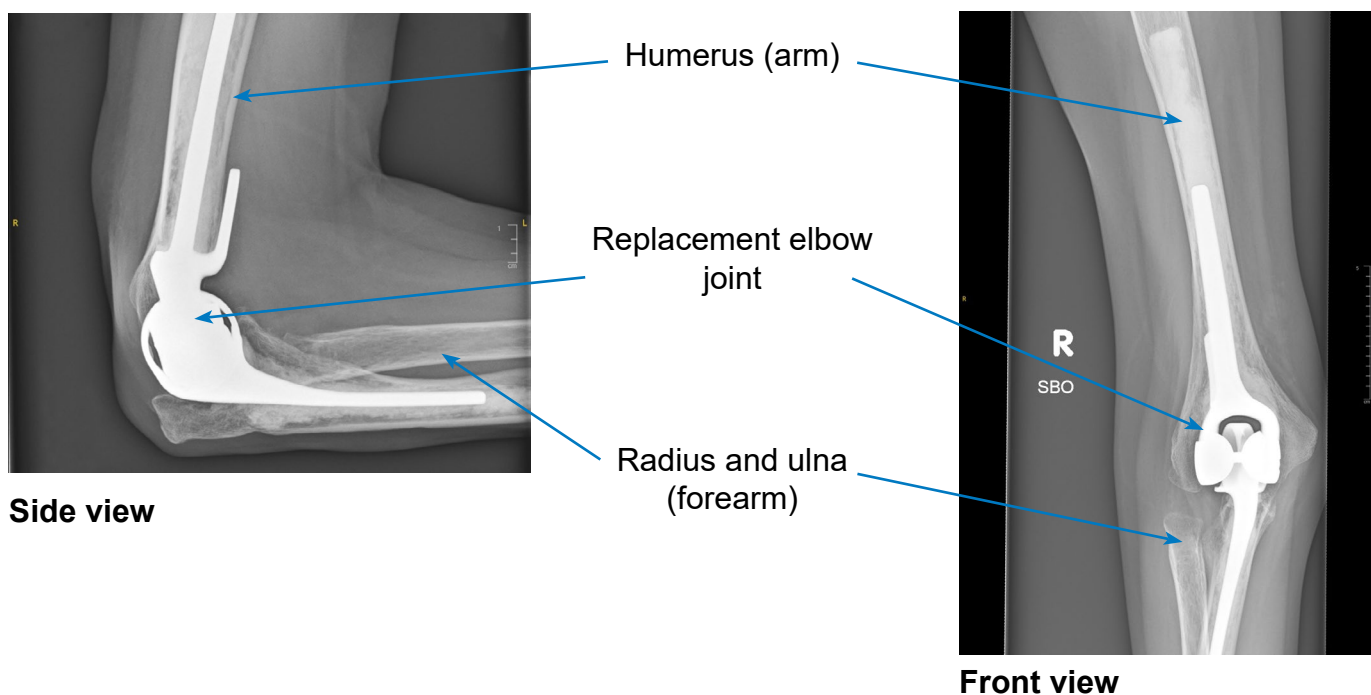
Steroid injections into the affected elbow can be offered to individuals with moderate elbow arthritis who continue to suffer from disabling symptoms in spite a course of non-surgical management, or patients who are unable to tolerate physiotherapy due to pain levels.

- Keyhole surgery is often carried out for patients who experience moderate osteoarthritis (this is where your elbow is not working or moving as it should) or constant moderate pain with flare ups, and repeated locking of the elbow joint.

Keyhole surgery is a type of operation that uses small incisions (cuts); the surgeon uses a camera and instruments to perform the surgery. The benefits of keyhole surgery is that the patient will have smaller scars and lower infection rates. This kind of surgery often results in medium to long term pain relief for the patient. Occasionally, open surgery is suggested so your surgeon is able to explore further.

- Joint replacement (total elbow replacement) or joint resurfacing surgery is recommended if you have severe elbow arthritis. This includes loss of joint space, constant and severe pain, severe loss of range of motion, and often associated nerve symptoms (pins and needles or numbness of your hands). If your job involves heavy lifting, we advise against having an elbow replacement done, as the artificial elbow is not designed to withstand such loads.

X-rays showing total elbow replacement



If I have surgery, how can I prepare for my surgery?

You will have a preassessment appointment before your surgery, to check if you are ready and fit for surgery. You will also be swabbed for MRSA and Covid-19, if necessary.

Before surgery it helps if you try to get as fit as possible to avoid anaesthetic risk and/or failure of the surgery. It is important that you lose weight if you are above your ideal weight.

- **Smoking advice**

It is important to stop smoking at least 30 days before your surgery. Studies have shown that wound healing is significantly delayed by smoking/nicotine, and the infection rate is much higher. Smoking also harms how your tendon heals following a repair, so smoking after your operation is also not advised.

If you need support to stop smoking you can ask your GP for advice, or contact the Trust's Stop Smoking Service either through the website www.ekhufft.nhs.uk/patients-and-visitors/services/stop-smoking-service, or call 0300 12 31 22 0, or text QUIT to 87 023.

- **How does eating a healthy diet help my recovery?**

Recovering from surgery can take a long time and it is normal to get frustrated and anxious. But remember that while you are recovering, there are some things you can do to help your wound to heal. We suggest limiting the amount of alcohol you drink, stopping smoking, eating a healthy diet, drinking plenty of fluids (especially water), and staying active. If you need any extra support, do not hesitate to get in touch with us on the contact numbers listed at the end of this leaflet.

Some painkillers (especially those containing Codeine) can cause constipation. To avoid this, please follow a healthy well-balanced diet rich in fruit, vegetables (including green leafy vegetables), nuts, seeds, wholegrains, and legumes, which contain the necessary fibre, and drink plenty of water. For more information on the importance of eating your 5-A-Day please go to the following web site www.nhs.uk/live-well/eat-well/5-a-day-what-counts/?tabname=food-and-diet

What happens on the day of my surgery?

- Please arrange for someone to pick you up from the hospital after your surgery, as you will not be able to **drive** yourself. Please make sure to arrange this before your surgery.
- To avoid complications with your anaesthetic, you should not **eat** anything for six hours before your surgery, or **drink** anything for two hours. You will be given further instructions during your preassessment.
- On the day of your surgery, you can take your **usual medication** as advised during your preassessment. If possible, do not take non-steroidal anti-inflammatory medication, such as ibuprofen and naproxen, for at least 10 days before your surgery, as they can affect how your wound heals. Please bring any medications that you are taking into the hospital with you.
- If possible, please **wear loose-fitting clothes**, as after surgery you will be wearing a sling.
- Bring your appointment letter with you, so you know which department to come to when you arrive at the hospital.

- At arrival, you will be asked to put a hospital gown on, and maybe a pair of compression stockings.
- You will see the anaesthetic and surgical team before your surgery to go through the consent form and discuss any questions you may still have. Remember you can withdraw your consent for treatment at any time.
- You may be tested for Covid-19. All appropriate precautions will be taken during your admission to minimise the risk of contracting the illness as per Healthcare England Guidelines.

For more information on coming in to hospital as a day patient (going home on the same day as your surgery), please ask a member of staff for a copy of the Trust booklet **Information for patients having an operation/procedure a day case patient** or scan this QR code.



For more information on coming in to hospital as an inpatient (staying in hospital for one or more nights), please ask a member of staff for a copy of the Trust booklet **Information for patients having an operation/procedure as an inpatient** or scan this QR code.



What kind of anaesthetic will I need?

This procedure is usually performed under general anaesthetic (you will be asleep for the procedure).

In addition, a local anaesthetic or nerve block is used during your operation. As a result, your shoulder and arm may feel numb for a few hours after your operation. **It is important to take your pain medications during this time, to allow a gentle and easier control of pain when the nerve block wears off and your shoulder is likely to be sore and uncomfortable.**

You will be given further instructions during your preassessment appointment.

What are the complications and risks?

As with all surgery, there can be some complications. These are rare and will be discussed with you before your surgery.

The risks to having this surgery include the following.

- **Wound infection:** we do everything we can to avoid this but an infection might still happen. If your wound becomes increasingly red or swollen after your surgery, please contact your GP or speak to your surgical team as soon as possible.
- **Bleeding:** if this happens during your surgery, we will do our best to stop it as soon as possible. However, some oozing could still happen after your surgery. For more information on what to do if your wound continues to bleed at home, see the advice on page 8.
- **Soft tissue (nerve/tendon/blood vessel) injury** could happen during surgery. If this happens, your surgeon will try to deal with it during your operation and it will be discussed with you after your surgery.
- **Numbness/tingling in your arm.** If you notice this after your surgery, please speak to your surgeon or physiotherapist during your follow-up appointment. It is normal to experience some numbness around the surgery area for few months, but it should improve as you recover.
- **Local swelling** (swelling in your affected arm, elbow, and hand). This could happen after your surgery due to “upsetting” the soft tissues around your elbow, but it should improve as you recover from your surgery. To avoid your hand swelling, we advise you to keep it higher than your elbow.
- **Fracture of your elbow;** this should be dealt with by your surgeon during your surgery.
- **Stiffness/loss of movement in your elbow.** This could be due to the surgery or because you did not move your elbow enough after your surgery. It can last for months. This could be avoided or improved if you take adequate pain relief and do the exercises listed at the end of this leaflet, as your pain allows. Please speak to your surgeon or physiotherapist about your stiffness or loss of movement at your next appointment.
- **Elbow replacements may become loose** over time and may need further surgery.
- **Deep vein thrombosis (DVT) and/or pulmonary embolism (PE).** These are blood clots which form in the blood stream and can be serious conditions. Compression stockings and other measures might be taken at the hospital to avoid them. For more information, please ask a member of staff for a copy of the Trust’s **DVT** or **PE** leaflets available through the Trust web site www.ekhuft.nhs.uk/patientinformation
- Sometimes **symptoms may persist** and you may need further treatment.
- **Complications relating to the anaesthetic.** You will speak to your anaesthetist before your surgery, and they will explain these to you.

If you have any questions or concerns about these complications, please speak to your doctor either during your clinic appointment or before your surgery.

If I have surgery, how long will I stay in hospital?

You will usually be discharged home either the same day or the day after your surgery, depending on the type of surgery you had; you will discuss this with your surgeon during your preassessment appointment.

You will be taken to the ward until its safe for you to be discharged, you will be seen by your surgeon, your nurse practitioner (surgical care practitioner) and/or your physiotherapist before you go home. They will show you exercises to do and give further advice to guide you through your recovery.

If you have to stay overnight, make sure you bring with you items you may need, such as hygiene items (toothpaste and toothbrush), a dressing gown, slippers, and your usual medication. Also, we suggest you bring a book or magazine, in case there is a delay.

Will I be in pain after my surgery?

This type of surgery may be uncomfortable, and you will need appropriate pain relief afterwards. If your anaesthetist has given you a nerve block, your shoulder and arm may feel numb and weak. You may not feel any pain immediately after your surgery, as the block may take 12 to 24 hours to wear off completely.

However, it is very important that you take your pain relief as advised and as early as you can before the nerve block wears off; this will help you to keep on top of your discomfort. It is advisable to take your painkillers regularly for the first few days. If possible, avoid non-steroidal anti-inflammatory medication, such as ibuprofen and naproxen, for at least 10 days before your surgery. After surgery, you may need a short course of anti-inflammatory medication to help with pain relief. Do not continue this for more than seven days following your surgery, as it can affect how you heal.

You will be given painkillers when you leave the hospital, to take at home; these should last for at least two weeks. This will be discussed with you before you leave hospital.

Take pain relief regularly to try and keep your level of discomfort at a bearable level at all times. This allows the inflammation (redness, swelling, and heat) and pain to settle. **Do not wait until your elbow is very painful to take the pain relief, as it is then more difficult to control.**

What painkillers will I be sent home with?

- Surgical patients might be given some of the following painkillers, depending on their age, body weight, and individual circumstances, unless told otherwise by their doctor.
- Take each painkiller as advised on your prescription.
 - Tablet paracetamol, 1g every four to six hours (no more than 4g per day).
 - Codeine Phosphate, 30 to 60mg every six to eight hours.
 - Tablet Tramadol, 50 to 100mg every eight hours.
 - Oramorph, 10 to 20mg every hour, as needed.

Please note that Codeine, Oramorph, and Tramadol should not be taken together; you should only take one of the three at any one given time.

Ice packs or bags of frozen peas may also help reduce your pain. Wrap the pack/bag with a cloth and place it on your shoulder for up to 15 minutes. Do not eat these peas once they have defrosted.

If your pain continues and is not controlled with the medication you have been advised to take, then please contact your GP. You may also contact the East Kent Upper Limb Team if you need further help.

If you notice your wound area is becoming more painful, red, hot, and/or discharging pus (thick yellow discharge), you may be developing an infection. Contact your GP or surgical team for advice as soon as possible.

How do I care for my wound(s) at home?

If you had a repair through **keyhole surgery**, there will be few (three to five) wounds.

It is important to keep your wound and dressing dry and in place until your wound is well healed, and have your stitches removed at your two week follow-up appointment with your GP practice nurse or at the hospital, with your surgeon or your nurse practitioner (surgical care practitioner). You will be told where your follow-up appointment is going to be before you leave the hospital.

If the dressing gets wet or bloodstained, you can change them yourself by carefully placing a dressing from a pharmacy. If you are unable or have difficulties doing this yourself, you can ask a relative or a friend to change it for you, or you can make an appointment with your GP practice nurse to do it for you.

If you are being seen by your GP practice nurse for a wound check 10 to 14 days after your surgery, please make sure the nurse reads the following. These instructions are for healthy looking surgical wounds only.

- ***Colourful stitches are non-absorbable and need to be completely removed to avoid them getting buried under the patient's skin.**
- ***White/clear stitches are absorbable. If any suture knots have been made outside the patient's skin, please remove these to avoid suture abscesses. Thank you.**

***The appearance and material of the sutures can be different from Trust to Trust, but these are the most common.**

If a wound does not seem to be healing appropriately, please leave the stitches/knots in place and make another appointment to remove them in few days.

How long will my wound(s) take to heal?

Wounds usually take between 10 to 14 days to heal.

The area around your wounds may have some numbness, which is usually temporary. You may feel occasional sharp pains or 'twinges', as well as itching near the scar as it settles.

What if my wound bleeds at home?

Occasionally there can be minor bleeding or clear fluid ooze in the first day or two after your surgery. If your dressings get wet or bloodstained, you can change them yourself by carefully placing a dressing from a pharmacy over your wound. If you are unable to do this yourself, you can ask a relative or a friend to help or you can get an appointment with your GP practice nurse to do it for you. This bleeding or oozing should be controlled by pressing firmly but gently on your wound for 15 minutes.

If you are worried about the bleeding, you can contact the hospital on the number given to you (during normal working hours) or go to a walk-in centre or Emergency Department (after hours).

Can I have a bath or shower?

You should have a 'dry wash' or a shallow bath instead of a shower. This keeps your arm in the correct position and prevents your dressing(s) and sling from becoming wet.

While your wound is still healing:

- do not use soaps, lotions, creams, or powders on your wounds, to avoid any infection getting in to your wound(s); and
- keep your wound(s) dry at all times.

You can wash and clean the area as normal once your wound is completely healed.

If the procedure you had done was a washout of the elbow joint through keyhole surgery:

- You will return from theatre with your arm in **a sling**. Your arm should be rested in the sling only until the soreness has settled. This is for comfort only and should be removed and you should start moving your arm as soon as pain allows. You can slowly go back to normal activities over two to six weeks, depending on the operation you have had, as per the instructions from your treating surgeon.
- You may begin **driving** two weeks after your operation. The advice from the DVLA is that you should not drive until you are physically capable of controlling a motor vehicle and can perform an emergency manoeuvre safely and confidently. Please arrange for someone to collect you from hospital and take you home after your surgery.
- You can **return to work** once your wounds heal, which is usually two weeks after surgery.

If the procedure you had done was an elbow replacement:

- You will return from theatre with your arm in **a sling**. The sling is needed for up to four weeks. Sometimes patients are given a temporary plaster support for two weeks, until their wound is healed. Exercises need to be started as soon as your elbow is comfortable, with guidance from the physiotherapy team.
- You may begin **driving** six to eight weeks after your operation. The advice from the DVLA is that you should not drive until you are physically capable of controlling a motor vehicle and can perform an emergency manoeuvre safely and confidently. Please arrange for someone to collect you from hospital and take you home after your surgery.
- When you can **return to work** depends on what job you do. If you are in an office job or light duties you may return four weeks after surgery. If your job involves heavy lifting, we advise against having an elbow replacement.
- You can restart your **normal activities** as your pain allows.
- To begin with **sleeping** will be difficult. Take regular painkillers and try to support your elbow with pillows. If you lie on your back, a pillow under your arm and elbow may make you feel more comfortable. You may also find it easy to lay on your non-operated side and put a pillow under your operated arm or between your arm and your body. You can lay on your operated side as soon as you feel comfortable and confident to do so.

Will I have a follow-up appointment?

Before you leave the hospital, you will be made a follow-up appointment at the Upper Limb Unit. At this appointment you will be reviewed by the physiotherapist, your surgeons, or your surgical care practitioner who will check your progress, make sure you are moving your arm, and give you further exercises, as appropriate.

What if I have any questions or concerns?

If you have any questions or concerns, please contact your surgical care practitioner, surgeon, or physiotherapist. Their contact details are listed at the end of this leaflet.

If you notice your wound area is becoming more painful, red, hot, and/or discharging pus (thick yellow discharge) you may be developing an infection. Contact your GP or your surgical team for advice as soon as possible.

Exercises

It is important to get your elbow moving after surgery and avoid stiffness in your elbow and arm. Perform your exercises as your pain allows, do not do them if they hurt.

These exercises are a guide. Your physiotherapists will advise you further on this before or after your surgery.

Physiotherapy guidelines while you are still in the hospital:

- An outpatient physiotherapy referral will be arranged by a member of the inpatient physiotherapy team.
- How to manage your sling will also be explained before you leave hospital. Including how to take it on and off and keep it clean and clear of infection.
- Advice on how to manage your pain, including the use of ice, will be given.
- You will be shown how to do the following exercises on the ward
 - elbow, wrist, and hand exercises
 - shoulder girdle and posture exercises
 - shoulder range of movement exercises.

Physiotherapy guidelines once you leave the hospital:

Outpatient physiotherapy will start within two weeks of your surgery, unless you are told otherwise. However, before you see a physiotherapist for the first time, there are few exercises that are safe for you to do. These will help avoid stiffness in your arm and reduce stress at your neck and shoulder blade.

Below you will see how to perform these exercises, but if you have any questions, please contact the physiotherapy department (see the contact details at the end of this leaflet).

Following your first appointment with your physiotherapist, you will receive more exercises. Depending on your progress your physiotherapist will give you personalised advice.

Early exercises

You can do the following exercises three times a day, as long as they do not hurt.

Hand exercises

- Open and close your fist 20 times.



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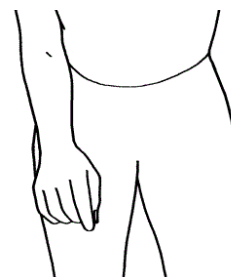
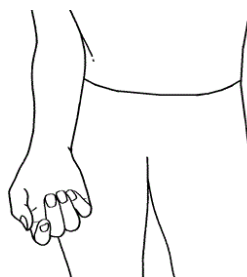
Wrist exercises

- Move your wrist up and down 20 times.



Forearm exercises

- Turn your palm up and down 20 times.



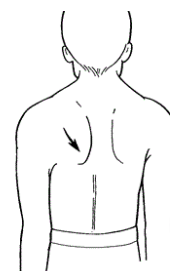
Elbow exercises

- Bend and straighten your elbow 20 times.
This can be completed with help from your other arm.



Shoulder girdle and posture

- Try not to slouch after your surgery.
- Try pulling your shoulder blades back and down 20 times.



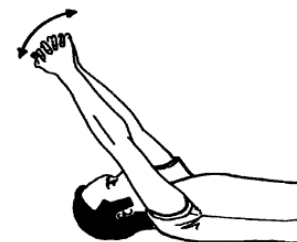
Pendular exercises

- Lean forwards, supporting yourself with your other arm.
- Swing your operated arm forwards and backwards gently, similar to a pendulum.
- Do this 20 times.



Shoulder exercises

- Lay down.
- Lift your operated arm up, with help from your other arm.
- Repeat 10 times.
- When able, do this exercise while sitting.



You will be shown further exercises at your outpatient physiotherapy appointment or your clinic appointment. If you have any questions, please contact the physiotherapists listed in the contact details on the next page.

This leaflet has been produced with and for patients

If you would like this information in **another language, audio, Braille, Easy Read, or large print** please ask a member of staff. You can ask someone to contact us on your behalf.

Any complaints, comments, concerns, or compliments please speak to your doctor or nurse, or contact the Patient Advice and Liaison Service (PALS) on 01227 78 31 45, or email ekh-tr.pals@nhs.net

Patients should not bring in large sums of money or valuables into hospital. Please note that East Kent Hospitals accepts no responsibility for the loss or damage to personal property, unless the property had been handed in to Trust staff for safe-keeping.

Further patient leaflets are available via the East Kent Hospitals web site www.ekhuft.nhs.uk/patientinformation

Contact details

• Consultants and their secretaries

| Hospital site | Consultant | Secretary name | Contact number |
|---|---|-------------------------|----------------|
| Kent and Canterbury Hospital, Canterbury | The teams listed below work at Kent and Canterbury Hospital as well | | |
| Queen Elizabeth the Queen Mother (QEQM) Hospital, Margate | Mr Sathya Murthy | Tracy Blackman | 01843 23 50 68 |
| | Mr Georgios Arealis | Donna Cannon | 01843 23 50 83 |
| William Harvey Hospital, Ashford | Mr Paolo Consigliere | Heather Littlejohn | 01233 61 62 80 |
| | Mr Jai Relwani | Dione Allen | 01233 61 67 37 |
| | Surgical Care Practitioner | Patricia Velazquez-Ruta | 07929 37 53 81 |

• Physiotherapists

| Hospital site | Physiotherapist | Contact number |
|---|--------------------------------|----------------|
| Buckland Hospital, Dover | Abi Lipinski | 01304 22 26 59 |
| Kent and Canterbury Hospital, Canterbury | Sarah Gillett (inpatient) | 01227 86 63 65 |
| | Darren Base | 01227 78 30 65 |
| Queen Elizabeth the Queen Mother (QEQM) Hospital, Margate | Caroline Phillpott (inpatient) | 01843 23 45 75 |
| | Martin Creasey | 01843 23 50 96 |
| Royal Victoria Hospital, Folkestone | Ailsa Sutherland | 01303 85 44 10 |
| William Harvey Hospital, Ashford | Cindy Gabett (inpatient) | 01233 63 33 31 |
| | Chris Watts | 01233 61 60 85 |

• Surgical Preassessment Units

| Hospital site | Contact number |
|---|----------------|
| Kent and Canterbury Hospital, Canterbury | 01227 78 31 14 |
| Queen Elizabeth the Queen Mother (QEQM) Hospital, Margate | 01843 23 51 15 |
| William Harvey Hospital, Ashford | 01233 61 67 43 |

• Fracture Clinics

| Hospital site | Contact number |
|---|----------------|
| Kent and Canterbury Hospital, Canterbury | 01227 78 30 75 |
| Queen Elizabeth the Queen Mother (QEQM) Hospital, Margate | 01843 23 50 56 |
| William Harvey Hospital, Ashford | 01233 61 68 49 |