



Arthritis of the Elbow

This is a condition where the disease process destroys the cartilage lining the bones forming the joint. This can lead to reduction in functional range of movement, pain, locking and possible deformity.

Arthritis of the elbow is caused by;

- Post-traumatic arthritis
- Osteoarthritis
- Inflammatory arthritis (rheumatoid arthritis)

Investigation

Standard two-view x-ray of the elbow is needed in all cases. A MRI might be needed in mild arthritis to investigate for synovitis, cartilage loose and loose bodies.

Treatment

Treatment of elbow arthritis is dependent on the stage of arthritis and symptoms.

- Injection
- Arthroscopic debridement
- Boney debridement OK procedure
- Elbow replacement

Elbow arthroscopy

The operation is undertaken by keyhole surgery; usually through three or four puncture wounds. Elbow arthroscopy is useful for removing loose bodies within the joint, seen with arthritis, osteochondral injuries or rarely in a disease called synovial osteochondromatosis. It is also useful to release stiff elbows, in debridement and synovectomy in arthritic elbows.

Outerbridge- Kashiwagi (OK) procedure

One of the characteristics of elbow arthritis is new bone formation called "osteophytes". These grow like horns and limit the elbow range of movement. The OK procedure involves removing these osteophytes from the front and back of the joint. This can help the range of movement and elbow pain.

This is done through a 2-3 inch incision in the back of the elbow. It is done under general anaesthetic and as a day case. The patient will be in a heavy bandage for 48 hours and start range of movement exercises afterward.

Elbow replacement

As for any other joints, this is mainly a pain relieving procedure for arthritis of the elbow joint, and rarely for complex fractures. Replacement is done when the native articulation is so damaged as to cause pain and loss of function.

Procedure

The prosthesis is metal with high molecular weight polyethylene bushing at the articulation.

The components are cemented using antibiotic containing cement. The procedure is done under general anaesthetic and involves a short stay on the ward (2 – 3 days).

Main possible complications

Infection which may need antibiotics and may delay healing. Rarely may need re-operations. Nerve damage, Humeral or ulnar fracture. Loosening, Pain following surgery. Bleeding, Instability or Stiffness of the joint.

Benefits

To reduce or alleviate the pain in the elbow.

Post-operative

The arm is kept in a plaster for a week to help the wound settle down and heal and then commence exercises as pain allows. The surgeon and physiotherapist will guide the patient through the early days of recovery.

