



Rheumatoid arthritis of the elbow



What is it?

In rheumatoid arthritis the synovium which lines joints and tendons becomes swollen and inflamed.

In some individuals the disease progresses with destruction of joint cartilage.

Pain, stiffness, loss of movement and deformity of the joint may ensue.



How is it diagnosed?

Rheumatoid arthritis of the elbow is diagnosed on the basis of the history as described in the previous answer, and by clinical examination.

This can include special blood tests or tissue samples (biopsy).

Plain radiographs, and/or MRI scans may be required to plan orthopaedic treatment.



What is my approach to treatment?

It is important that an assessment is carried out by a rheumatologist as there are now very effective treatments available that can limit the process of joint destruction.

If these medical measures fail to achieve symptom control then surgery in the form of arthroscopic joint debridement may be beneficial. Joint replacement is normally carried out when the above measures have failed and pain remains uncontrolled and intrusive.



What does an operation involve?

Surgery is normally carried out under general anaesthetic, often supplemented with regional anaesthetic. A laminar flow theatre is utilised in order to minimise the risk of infection. An inpatient hospital stay of 2 to 3 nights is recommended.

An incision is made at the back of the elbow.

The worn joint surface is removed using special instruments and the remaining bone shaped to accept the implant (made of metal).

Trial implants are used to check for range of motion and stability. Adjustments are made if necessary.

The definitive implant is cemented into place. The area is washed with saline and the wound is closed in layers. The skin is closed with non-absorbable sutures or clips.





What is the recovery period?

The arm rests in an extension splint and sling for 48-72 hours then controlled elbow movements begin under supervision of the physiotherapist.

The non-absorbable sutures or clips are removed in the clinic after two weeks.

Physiotherapy continues for several months. The exact regimen will depend on numerous factors and may vary.

Driving is usually possible after 6 to 8 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 six weeks.

Heavy manual work and all loading, lifting, pushing, pulling including many sports must be discontinued or the joint replacement will loosen prematurely.



Are there any possible complications?

Over 90% of patients are satisfied with the pain relief achieved.

However, as with any treatment, there are always risks involved: Infection: 3-4%, Nerve injury: 2%, Intraoperative fracture: 1%, Triceps tendon failure: less than 1%

Some movement loss may occur although this is generally minor. The loosening rate for elbow implants is about 10% at 10 years. This may require further complicated surgery. #

You can discuss this further at your first consultation.



Insurance fee assured:



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