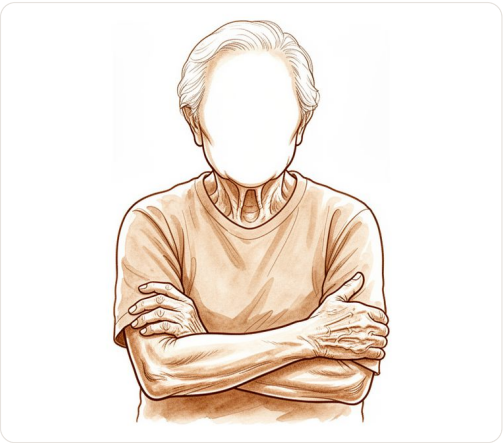
CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

INFORMATION & CONSENT

Elbow Arthroplasty



X-ray of an elbow following implant arthroplasty — a metal prosthesis replaces a damaged joint surface.

At-a-glance recovery. Pooled from 80 published studies — your own pace will vary.

LIGHT DUTIES desk work, driving, daily tasks	MOST EVERYDAY ACTIVITIES manual work, sport, gym	FINAL OUTCOME PLATEAU pain and strength
2-6 weeks	**3-6 months**	**12 months**
Return to light activities and desk work typically occurs within 2 to 6 weeks, with early mobilization encouraged.	Return to moderate-demand activities is common by 3 to 6 months, with significant functional improvement in range of motion.	Maximum improvement in pain, strength, and range of motion is typically achieved by 12 months postoperatively.

Why this operation has been suggested

Your surgeon has suggested elbow arthroplasty, also known as elbow replacement, because your joint pain and stiffness have not improved with non-surgical treatments. This surgery is typically offered to patients with end-stage arthritis, severe trauma, or rheumatoid arthritis who have lost function and experience pain throughout their entire range of motion. While non-operative options like rest or injections are tried first, surgery is recommended when these methods no longer provide relief.

The main goal of this operation is to relieve pain and improve your ability to move your arm. It is designed for patients who need significant functional improvement and understand the risks involved. Your surgeon may have chosen this procedure because your specific condition requires a solution that goes beyond simple cleaning or bone removal to restore stability and movement.

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Before the operation

You will need plain X-rays to check your elbow, and sometimes a CT scan or MRI if your surgeon needs to see bone or soft tissue details. You must fast before surgery and stop certain medicines as your surgeon advises. Bring a list of all your current medications to the hospital. Arrange for someone to drive you home, as you cannot drive yourself. Wear comfortable, loose clothing to your appointment. Your surgeon will perform the operation through a single open incision over your elbow. You may also need blood tests and an anaesthetic review to ensure you are fit for surgery.

On the day

You will arrive at the hospital and meet your surgeon to confirm everything is ready. You will then see the anaesthetist to discuss your pain relief plan. This operation is done under general anaesthetic. You will be fully asleep for the operation. Some patients may also have a regional nerve block for post-operative pain relief; the anaesthetist decides on the day based on your individual circumstances.

You will be taken to the operating theatre where your surgeon makes a single incision over your elbow to perform the replacement. The team will carefully protect your nerves and blood vessels during the procedure. Once the surgery is finished, you will wake up in the recovery area. You will rest there while the team monitors your pain and ensures you are stable before moving to a ward.

What the operation involves

Your surgeon will make a single cut over your elbow to access the joint. This open approach allows them to see the ligaments, the front of the joint, and the bone structures clearly. They will remove the worn-out joint surfaces that are causing your pain.

Next, your surgeon will replace these damaged surfaces with metal and plastic parts. These new parts act like a hinge to restore movement. Depending on your specific needs, they may use a linked design that acts like a hinge or an unlinked design that relies on your own ligaments for stability. The surgeon will secure the new parts to your bone so they stay in place.

Finally, the cut is closed with stitches. You will have a dressing over the area to protect it while it heals. This procedure is designed to relieve pain and improve how your elbow moves.

After the operation

You will wake up in a recovery ward where your team will manage your pain. Your elbow will be wrapped in a dressing and supported by a sling or brace. Most patients stay one night in hospital after this operation, though some are able to go home the same day. Someone must stay with you for the first 24 hours to help you. Your

surgeon will use a single incision over the elbow to perform this open surgery. You will begin moving your arm early as part of your recovery plan.

Recovery

You will likely feel some pain and swelling in the first few days after surgery. This is normal as your body heals from the open incision over your elbow. Your surgeon will guide you on using ice and medication to ease this discomfort. As the swelling settles, you will notice the pain gradually becoming more manageable.

You will wear a sling or brace to protect your arm while you begin gentle movement. Your physiotherapist will teach you simple exercises to restore motion without straining the joint. You can perform light daily tasks at home once your surgeon clears you, such as eating or grooming. Avoid heavy lifting or pushing until your surgeon confirms your arm is strong enough.

Sleeping may feel different at first. You might need to prop yourself up with pillows to keep your elbow comfortable and reduce swelling. As your range of motion returns, you will find it easier to sleep in more positions. Your recovery journey is unique, so your surgeon and physiotherapist will guide you on the specific steps for your body.

What can go wrong

Most patients do well, but problems can occasionally happen. Your surgeon and the team monitor you closely to spot any issue early.

Infection can cause deep pain that does not ease with simple painkillers or redness that spreads from your wound. If you notice persistent drainage from your incision, call your clinic immediately, as this often signals a deep infection.

Nerve irritation may feel like tingling, numbness, or a burning sensation in your forearm or hand. If you experience these symptoms, tell your surgeon right away so they can check the nerve position.

Your elbow might feel unstable, loose, or like it is slipping out of place. This can happen as a sudden feeling of the joint giving way. Report any such instability to your care team without delay.

You might feel a new grinding sensation or hear clicking in your elbow. This could indicate wear inside the joint or a problem with the implant components. Bring this up at your next review or sooner if it becomes painful.

Loosening of the implant can cause a deep ache that returns when you use your arm. If you feel this type of pain, contact your surgeon to discuss further checks.

A fracture of the upper arm bone or forearm bone may occur suddenly with a sharp pain and swelling. If you suspect a break, go to the emergency department immediately.

The complications table on this page lists typical rates if you want the specifics.

When to call us

Call us if you have a fever, increasing redness, or drainage from your wound. Sudden severe pain, new numbness, or inability to move your elbow needs urgent attention. Go to emergency if you have calf swelling or shortness of breath. These signs can mean infection or blood clots. While 7% of patients face infection and 11% have nerve issues, we want to catch problems early. Your surgeon is here to help you stay safe.

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COMPLICATIONS & CONSENT

Elbow Arthroplasty

Complication rates from published literature

Pooled from 80 published studies. These are population-level rates, not your individual risk — your surgeon will discuss what applies to you.

COMPLICATION	REPORTED RATE	NOTES
revision surgery	**13.1-14.6%**	Revision rates are reported between 13.1% and 14.6% in long-term follow-up studies.
aseptic loosening	**9.5-12.9%**	Aseptic loosening is the most common indication for revision, particularly in the humeral component.
ulnar nerve symptoms	**3.6-10.5%**	Ulnar neuropathy or paresthesias are common, occurring in 3.6% to 10.5% of cases.
infection (deep)	**3.3-7.0%**	Deep infection rates range from 3.3% to 7%, with higher rates reported in some cohorts.
periprosthetic fracture	**2.6-6.8%**	Periprosthetic fractures occur in 2.6% to 6.8% of cases, often involving the humerus or ulna.
instability	**2.3-9.0%**	Instability or dislocation is more common in unlinked designs, ranging from 2.3% to 9%.
triceps insufficiency	**2.3-5.7%**	Triceps weakness or rupture occurs in 2.3% to 5.7% of cases, particularly with triceps-off approaches.
heterotopic ossification	**2.1-10.0%**	Heterotopic ossification occurs in 2.1% to 10% of cases, with symptomatic rates around 3%.
wound complications	**1.3-14.5%**	Wound healing issues range from 1.3% to 14.5%, with higher rates in obese patients.
stiffness	**0.9-29.3%**	Stiffness requiring intervention ranges from 0.9% to 29.3%, with higher rates in arthroscopic debridement comparisons.
thromboembolism	**0.26-2.2%**	Venous thromboembolism rates are low, ranging from 0.26% to 2.2%.

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I have read this information and have had the opportunity to ask Dr Hirpara questions about the procedure, its expected recovery, and the complications listed above.

PATIENT — PRINT NAME	SIGNATURE	DATE

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