CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

INFORMATION & CONSENT

Elbow Ligament Reconstruction (Stabilisation)

At-a-glance recovery. Pooled from 20 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	**5-7 months**	**9-16 months**
Protected motion in a brace early; desk work quickly, full arc of motion targeted by about week 6.	For repair (with internal-brace augmentation) a structured return runs to sport at about 5-7 months; manual work in that window as guided.	After a reconstruction, competitive throwing/contact sport commonly takes 9-16 months – the graft matures slowly and the timeline should be set expectation-first.

Why this operation has been suggested

Dr Kieran Hirpara, an upper-limb surgeon at Mater Private Hospital Rockhampton, starts with the least invasive options that suit your condition. Patients are generally referred to our clinic by their GP; if a physiotherapist has suggested you see us, you will still need a referral from your GP in order to be eligible for the Medicare rebate. A clinic assessment establishes the diagnosis. For degenerative or long-standing problems we usually try non-operative care – activity change, physiotherapy or hand therapy, splinting, and injections – and consider surgery when that has not given enough improvement. For structural or acute problems, surgery may be recommended straight away, without a preceding non-operative trial.

This procedure, also known as elbow ligament reconstruction or stabilisation, replaces or repairs the torn ligaments that hold your elbow joint together. It is typically offered to people with chronic instability or those who have suffered a significant injury that has not healed with rest. Your surgeon may recommend this if your elbow feels loose, clicks, locks, or dislocates during daily activities. The main benefit is to restore stability and function, allowing you to use your arm without pain or fear of it giving way. Evidence shows that elbow range of motion is reliably preserved or improved following these repairs, with rapid improvement within the first 2 to 4 months.

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Before the operation

We need to plan your surgery using scans like X-rays, MRI, or ultrasound. Please fast for seven hours before your procedure. This extra hour helps us start on time if the schedule shifts. Stop taking certain medicines only after checking with your surgeon. Bring a list of all your current medications and wear comfortable clothing. Arrange for someone to drive you home, as you cannot travel alone after the anaesthetic. Most patients do not need blood tests or an anaesthetist review unless you have other medical conditions.

On the day

You will present to the hospital's surgical admissions unit for check-in and preparation. This is not a ward admission; you stay in this unit until it is time for your procedure. You will meet the anaesthetist to discuss your care plan. This operation is done under general anaesthetic. A regional nerve block is sometimes added for post-operative pain relief — the anaesthetist will discuss this with you on the day.

You are then taken into the operating theatre, where the operation is performed. You will wake up in the recovery area, where nurses monitor you while the anaesthetic wears off. Once you are stable, you either go to the ward or go home, depending on the procedure and your recovery.

What the operation involves

Your surgeon begins by carefully assessing which structures need repair to avoid complications that could lead to elbow instability. In acute trauma, any fractures are addressed first, followed by ligament repair or reconstruction. For chronic conditions, your surgeon may release tight tissues and reconstruct bone and ligaments. The goal is to restore stability and limit the progression of wear-and-tear arthritis in the long term.

The approach depends on the injury. For medial elbow issues, your surgeon makes a curved 5-cm incision over the bony bump on the inside of your elbow. Through this cut, they protect nearby nerves and split muscle fibres in line with their direction to access the ligament. If your own tissue is not suitable, a tendon graft may be taken from your wrist via a small 1-cm cut. This graft is prepared with strong sutures and secured to your bone using buttons and screws to ensure firm attachment.

For lateral elbow instability, your surgeon may use keyhole surgery or an open cut. Keyhole surgery allows your surgeon to see the joint clearly but is only used if the torn ligament is in good condition. If the tissue is frayed, an open technique is recommended. Your surgeon may use a suture tape internal brace to reinforce the repair. This tape acts like a supportive band, allowing for early movement while the ligament heals. In complex cases, a temporary external stabiliser may be used to keep the joint aligned while you begin gentle motion.

Throughout the procedure, your surgeon checks stability at different angles of elbow bend. Once satisfied with the repair, the cuts are closed with sutures (stitches). This careful reconstruction aims to preserve or improve your elbow's range of motion, which typically shows rapid improvement within the first 2 to 4 months.

After the operation

You will wake up in the recovery ward. Our team manages your pain using general methods. Your elbow is protected by a soft dressing and a sling. We do not use hinged braces or rigid supports. Your team will tell you whether you go home the same day or stay one night in hospital. Please ensure someone stays with you for the first 24 hours. You can begin gentle movement as advised. This helps restore range of motion quickly. Most patients see rapid improvement in the first 2 to 4 months. We monitor your progress closely to ensure stability returns safely.

Recovery

You can expect some swelling and stiffness in the days following your surgery. This is normal as your body begins to heal. We keep discomfort manageable with medication and by keeping your arm elevated. Your elbow range of motion typically improves rapidly within the first few months. You will start gentle movements early to prevent stiffness, guided by our hand therapist, Ruby Doolan, at Extend Rehabilitation.

Your rehabilitation focuses on restoring strength and stability through hand therapy exercises. You will not wear a hinged brace or abduction pillow. Instead, we use specific techniques to protect the repair while you regain movement. You will perform daily exercises to strengthen the muscles around your elbow. These exercises are tailored to your progress and healing stage.

As your swelling settles and your grip strengthens, you will gradually return to everyday tasks. You might notice improvements in how easily you can lift objects or open doors. Your surgeon will assess your stability throughout this process. Once you are cleared to drive, you can resume normal activities. Your timeline may differ from others; your surgeon and hand therapist will guide you based on your individual healing.

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.

If the ligaments supporting your elbow are not fully stabilised, you may feel a sense of looseness or instability. Your elbow might feel like it is slipping out of place when you move it. This can make simple tasks difficult. If you notice persistent instability, let your surgeon know at your next review so they can assess the joint's stability.

Some people experience nerve irritation around the elbow, often described as tingling or numbness in the ring and little fingers. This sensation may feel like pins and needles or a mild electric shock. If these symptoms are new, worsening, or do not settle with rest, contact the clinic promptly. Your surgeon can check if the nerve is being compressed or irritated.

You might also notice discomfort at the site where tissue was taken for the graft. This is known as graft site morbidity. It can feel like a dull ache or tenderness near the harvest area. While this is uncommon, it is

important to report any pain that persists beyond the expected healing time. Your surgeon will examine the area to ensure it is healing correctly.

In some cases, the forearm may not rotate as smoothly as expected. You might find it harder to turn your palm up or down. If you notice a significant restriction in rotation that affects daily activities, discuss this with your surgeon. They can evaluate whether this is part of the normal recovery or if further attention is needed.

If you experience signs of infection, such as increasing redness, warmth, swelling, or pus draining from the wound, seek medical advice immediately. These are clear signs that the body is fighting an infection. Do not wait for your next scheduled appointment if these symptoms appear suddenly.

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 wound redness or discharge, or sudden severe pain. Go to emergency if you notice calf swelling, shortness of breath, loss of sensation, or cannot move your limb. These signs need urgent assessment. We are here to help you stay safe during your recovery.

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COMPLICATIONS & CONSENT

Elbow Ligament Reconstruction (Stabilisation)

Complication rates from published literature

Pooled from 20 published studies. These are population-level rates, not your individual risk — your surgeon will discuss what applies to you.

COMPLICATION	REPORTED RATE	NOTES
ulnar nerve symptoms	**12%**	Reported for UCL reconstruction; the nerve is in the operative field on the medial side.
persistent or recurrent instability	—	The failure mode the operation exists to prevent; higher with poor tissue or missed associated injury.
internal joint stabilizer removal	**17%**	Where an IJS device is used, early removal is reported in about 1 in 6.
graft-site morbidity	**1%**	Where a tendon graft is harvested.
stiffness	—	Some loss of terminal extension is common after any elbow ligament surgery.

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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