CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

INFORMATION & CONSENT

Olecranon Fracture Fixation (ORIF)

At-a-glance recovery. Pooled from 15 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	**3-4 months**	**12 months**
Sling for comfort only; hand, wrist and shoulder move from day one, elbow bending opens up from about week 4 and desk work is realistic early.	No lifting, pushing or pulling through the arm in the early weeks while the bone unites; manual work and load-bearing from about 3-4 months as union establishes.	Final strength and comfort – including kneeling on the point of the elbow – settle by about a year. A small permanent loss of terminal straightening is common and rarely matters.

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 structural or acute problems, surgery may be recommended straight away.

We suggest this operation to restore stability and function when non-operative care is not enough. The procedure realigns the broken bone and secures it with internal hardware. This allows you to move your elbow sooner and reduces pain. Most fractures heal well with good results, though a small loss of motion is expected. We aim to help you return to daily activities with a stable and functional arm.

Before the operation

Please fast for seven hours before your procedure. This allows your surgery to start early if the list runs ahead. Arrange a lift home and wear comfortable clothing. Bring a list of your current medications. Your surgeon will review your X-rays or scans to plan the operation. Blood tests and an anaesthetic review are not routine. If you

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have other medical conditions, you may need blood tests or a review with the anaesthetist. Your surgeon will give you specific instructions on stopping any medications that might affect bleeding. Please follow these instructions carefully to ensure your safety on the day of surgery.

On the day

You present to the hospital's surgical admissions unit. Here, you are checked in and prepared for theatre. You meet the anaesthetist to discuss your care. 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 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 makes a cut at the back of your elbow to reach the broken bone. This approach allows clear access to the injury site. In some complex cases, your surgeon may move the ulnar nerve slightly to protect it during the procedure. The nerve is a key structure running down the arm, and this step ensures it is not damaged while the bone is repaired.

Once the area is exposed, your surgeon realigns the broken pieces of bone. To hold them in place, your surgeon uses internal fixation. This often involves a metal plate and screws, or strong sutures (stitches) and wires. The goal is to create a stable structure so the bone can heal in the correct position. Your surgeon selects the method that best fits the specific pattern of your fracture.

After the bone is secured, your surgeon closes the cut using sutures (stitches). No staples are used for this closure. A dressing is then applied to protect the wound. The operation focuses on restoring the anatomy of your elbow joint so you can regain movement and strength in the future.

After the operation

You will wake up in the recovery ward with your arm supported in a simple sling for comfort. We manage your pain carefully to keep you comfortable. Your wound will be covered with a dressing that stays dry and clean. Your team will tell you whether you go home the same day or stay one night in hospital. Please arrange for someone to stay with you for the first 24 hours to help you. You can remove the sling briefly for gentle exercises and washing as advised. Keep your arm rested and elevated to reduce swelling. Avoid lifting anything heavy with that arm. Follow our specific instructions on when you can begin moving your elbow and wrist. This early care helps protect the healing bone and prepares you for the next steps in your recovery journey.

Recovery

In the first few days, your elbow will feel stiff and swollen. This is normal. We keep your arm in a simple sling for comfort. You can take it off to wash and do your exercises. Keep your hand raised above your heart to help the swelling go down. This makes the discomfort easier to manage.

Your hand therapist, Ruby Doolan at Extend Rehabilitation, will guide your movements. She directs the therapy and makes any splint you need. You will start gentle hand and wrist movements early. This stops stiffness without stressing the healing bone. We avoid hinged braces or tight wraps. Your arm rests in a sling only.

As the swelling settles, you will feel more use in your hand. You can return to light daily tasks as pain allows. Your surgeon will tell you when it is safe to drive. You must be off strong pain medication and able to hold the wheel with both hands. See our guide on driving after upper-limb surgery for full details.

Your timeline may differ from others. Your surgeon and hand therapist will guide you based on how your healing progresses. We focus on safe movement to restore function. You will work towards gripping and lifting again. Trust the process and follow our advice.

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.

Hardware issues Sometimes the metal plate or screws used to hold the bone together can cause irritation. You might feel a sharp pain or notice the hardware poking under the skin, especially at the back of your elbow. This can happen if the bone does not heal as expected or if the implant shifts. If you feel something hard under your skin or have pain that does not settle with rest, tell us. We may need to check your healing with an X-ray.

Wear-and-tear arthritis After the fracture heals, some people develop post-traumatic osteoarthritis. This is wear-and-tear arthritis in the elbow joint. You might notice a grinding sensation or stiffness when you bend your arm. Pain may come and go, especially after using your arm for heavy tasks. If you feel a persistent ache or limited movement that affects your daily life, bring it up at your next review. We can discuss ways to manage the discomfort.

Higher risks for older patients If you are older, your body faces greater stress during recovery. Studies show that people in this age group have higher than expected mortality rates within one year of this injury. This is not a guarantee, but it is a serious risk we take into account. We will keep a close eye on your overall health and heart function during your stay and recovery. If you have other health conditions, please share them so we can support you fully.

Complex fracture complications In rare cases, the fracture involves more than just the elbow tip. If the break extends into the lower arm bone (distal humerus), the risk of serious complications like deep infection or nonunion (where the bone fails to knit together) is higher. You might notice increasing redness, warmth, or swelling around the wound. You could also have a fever or feel generally unwell. If you see signs of infection or

if your pain suddenly worsens, seek medical help immediately. Long-term function can be affected in these complex cases, so early detection is key.

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

When to call us

Call us if you develop a fever, increasing redness or discharge from your wound, or sudden severe pain. Go to emergency immediately for calf swelling, shortness of breath, loss of sensation, or inability to 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

Olecranon Fracture Fixation (ORIF)

Complication rates from published literature

Pooled from 15 published studies. These are population-level rates, not your individual risk — your surgeon will discuss what applies to you.

COMPLICATION	REPORTED RATE	NOTES
hardware irritation	**33-71%**	The olecranon is subcutaneous, so metalwork is commonly felt; reported rates span tension-band wiring (33%) to hook plates (71%) in elderly cohorts, and removal once the bone is healed is common and simple.
revision or removal surgery	**37%**	In an elderly cohort (75-93); younger patients fare better but metalwork removal remains the commonest second procedure.
post-traumatic osteoarthritis	**19%**	Median incidence at ~41 months — a property of the joint injury more than the fixation.
stiffness	—	Loss of the last few degrees of extension is common and usually functionally irrelevant.
nonunion / infection / nerve injury	—	Reported, uncommon; concentrated in elderly and comorbid cohorts.

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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