

Elbow stabilisation



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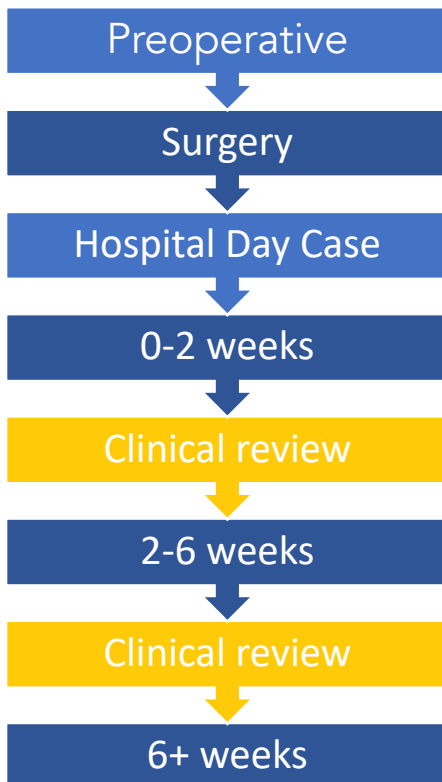
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General Information

This is a guide for your recovery journey following your Elbow stabilisation.

Mr Chung or other members of your care team may adapt the plan depending on you or your elbow.

If you have severe pain, issues with your wound/dressing or any other health issues please **contact Mr Chung** or consider presenting to your nearest **Emergency Department**.



Elbow stabilisation

The goal of an **elbow stabilisation** is to repair the ligaments around the elbow to allow pain free elbow movement and prevent further dislocations. Other surgery that may be performed at the same time is fixation or replacement of fractured bones (radial head or coracoid) which will aid stability. The ligaments and tendons are repaired with suture anchors. Suture anchors are plastic screws placed in the bone with string attached to tie down the ligament and tendon.

Following surgery, **stiffness is the biggest concern**. Stiffness can become permanent as early as 6 weeks post surgery. **Early movement** and exercises of the elbow is key to prevent this. Mr Chung and your physiotherapist will guide you through this.

Preoperative

Once you have decided to undergo an elbow stabilisation there are a few things you will need to do to prepare for the surgery. These include:

- A preoperative **CT scan or MRI scan**
- **Blood tests** (FBE, UEC, CMP, Coags)
- A fitness for surgery **assessment**
- Continue **moving** your fingers (as pain permits)
- **Designating** someone to drop you off and pick you up from the hospital

Before your surgery please let Mr Chung know if you:

- Have heart or lung problems
- Have diabetes
- Take blood thinning medication
- Smoke cigarettes or other products

Surgery

Food

On the day of surgery you will need to fast from food and drink. Mr Chung or the hospital will provide you with fasting times prior to the day of your operation.

Fasting includes avoiding:

- Food
- Tea and coffee
- Chewing gum



Medications

Unless instructed otherwise, you should have your regular morning medications on the day of surgery with a sip of water.

If unsure please speak to Mr Chung about your medications prior to surgery.

Medications that we **may** withhold 2 days prior to surgery include:

- Rivaroxaban/Xarelto
- Apixaban/Eliquis
- Dabigatran/Pradaxa
- Warfarin/Coumadin
- SGLT2 Diabetic medication (Medications ending in -flozin)

Medications that **may** require altered dosing prior to surgery include:

- Blood thinning medication (Clopidogrel/Ticagrelor)
- Diabetic medication (oral and insulin)
- Immunosuppressants

Hospital Stay

Following surgery, you will wake up in the recovery suite to allow recovery from the anaesthesia. You will notice your elbow has a dressing and your arm will be in a sling. You will then be transferred to the day procedure area. You can go home, approximately 4 hours later when your pain is under control and you are eating and drinking.

Your first day in hospital may include:

- A review by a **Physiotherapist**
- An **injection** to prevent clots in your legs (DVT/PE)

Things that you are **allowed** to do straight away with your elbow include:

- Eating and drinking
- Using a mobile phone
- Using a computer



Things that you should **avoid** doing with your elbow for the first 6 weeks include:

- Lifting greater than 500g
(no more than a cup of tea or coffee)
- Driving a car
- Using your arm to go to the toilet



Dressings

You should have a dressing on your elbow at all times till the wound heals. This takes approximately 2 weeks and the dressing will be removed at your first clinical review. Dressing changes should be kept to a minimum to avoid the risk of infection.

If the dressing becomes wet or soaked with blood it will need to be changed. You are able to take a shower but you will need to change the dressing if it becomes soaked.

Exercises (0 – 2 weeks post surgery)

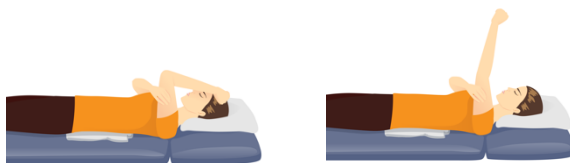
Your **sling** should be worn **most of the time** when resting, sleeping and when you are outside in public areas. You are allowed to **remove your sling** to take a shower, eat and drink and use a computer.

Keep your elbow at your side and avoid reaching your pocket or out to the side (avoid abduction, internal rotation and external rotation of the shoulder).

Exercises should be done for around **15 minutes** on **at least three** separate occasions throughout the day (after breakfast, lunch and dinner).

Supine elbow flexion/extension

Lying on your back and supporting your arm, with your hand over your face begin bending and straightening your elbow.



Forearm/wrist pronation/supination

With your elbow tucked into your side turn your hand to face the ground (pronation) and then turn your hand to face the sky (supination). You will need to use your other hand to grasp your wrist to help with turning.



Wrist and Hand

Grip a stress ball and hold for 10 seconds, relax and repeat 10 times.

Writing and typing is encouraged to maintain wrist and hand dexterity.

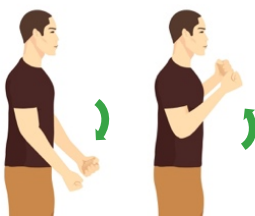
Exercises (2 – 6 weeks post surgery)

Building on from the previous exercises begin some movement exercises on your elbow. Continue to keep your elbow at your side and avoid reaching your pocket or out to the side (avoid abduction, internal rotation and external rotation of the shoulder).

Until you regain the strength in elbow, use your other arm to assist your elbow with these exercises. Your goal is to have close to full range of movement of the elbow by 6 weeks.

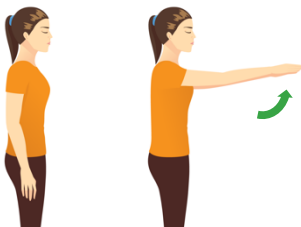
Elbow

With your thumb pointing to the ceiling, take your arm out of the sling straightening out the elbow completely then bring your hand towards your face, repeat 10 times



Shoulder Movement exercises (Isotonic)

With your thumb pointing to the ceiling, lift your arm forward and hold it there for 5 seconds, slowly lower it down, repeat 10 times.



Exercises (6+ weeks post surgery)

Exercises during this period will be tailored to your specific needs/goals. Mr Chung and your physiotherapist will work with you to figure out the right exercise program.

In general exercises during this period are about achieving more elbow range of motion, building strength and achieving functional goals. Use your body weight to assist with bending and straightening of your elbow

You are now able to lift up to 1kg between the 6 and 12 week postoperative period.

For your physiotherapist

Please contact Mr Chung with any questions

0-2 weeks – 500g lifting limit, sling

Shoulder – Abd to 30, IR to belly, ER to 0

Elbow – Supine Flex/ext, Active and Passive pronation/supination

2-6 weeks – 500g lifting limit, sling

Shoulder – Abd to 30, IR to belly, ER to 0

Elbow – Active and Passive flex/ext/pro/sup

6-12 weeks – 1kg weight limit, unrestricted ROM, begin bodyweight elbow flex/ext

12+ weeks – No further restrictions



Fellow of the Royal Australasian
College of Surgeons



Monash Health
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SHOULDER
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CENTRE**

