

### TOTAL ELBOW REPLACEMENT

This procedure is mainly used for patients with severe arthritis, usually RA, in the elbow joint. It may also be indicated following complex elbow fractures or malignancy in or around the elbow joint.

The aim is to reduce pain and improve function.

#### Post operatively

- The patient is advised to mobilise the elbow as pain allows
- No resisted elbow extension for 6/52 – to protect the triceps re-attachment
- They are advised to refrain from any resisted work for 3 months
- Patients are advised to avoid long-term heavy repetitive movements (for their life-time!)
- Patients are discharged from the ward to Physiotherapy

#### 3 months post surgery

- Patient attends for review at Consultant's outpatient clinic
- If doing well, the patient will be discharged from clinic to their GP / physiotherapist

#### Aims of Physiotherapy

- To regain good ROM in the upper limb, especially at the elbow and forearm
- To improve strength, where possible, especially around the elbow
- Scar management if necessary

#### Return to functional activities

- *Driving* after 3 - 4 weeks or when safe
- *Lifting* avoid heavy lifting long-term
- *Swimming* breast stroke at 6 - 8 weeks, freestyle when able.
- *Return to work* light work (no lifting) – as able
- *Golf* 6 - 8 weeks (but not driving range).