

**MIKE FOSTER**  
**Hand Wrist and Elbow Surgeon**  
**Elbow Arthritis**

**Problem**

- Pain and discomfort in the elbow with loss of motion.

**Cause**

- The elbow joint has worn out, either secondary to trauma or development of arthritis.
- Most patients have pain in the elbow with significant discomfort at the end ranges of both flexion and extension.
- The patients have lost a degree of motion and have difficulty getting their hands to their face for grooming and eating.

**Diagnosis**

- X-rays useful in establishing the diagnosis.
- CT scan delineates the extent of the arthritis and bony spurs.

**Treatment**

- Surgical
  - Usually a relatively large incision is made on the back of the elbow joint.
    - - The ulnar nerve is identified, protected and often anteriorly transposed.
    - - A lateral column approach is used to access the front of the elbow joint, removing the tight anterior elbow capsule and debriding the spurs at the front of the elbow.
    - - A small split is then made in the back of the elbow through the triceps and the olecranon fossa is debrided, sometimes all the way through to the front of the elbow (OK Procedure).

**Potential Complications**

- Infection, haematoma, neurovascular injury
- Stiffness.

**Post Op Care**

- Usually overnight stay in hospital.
- Remain in a splint with the elbow extended for the first five days until the wound settles.
- Hand therapy to work at regaining motion, from five days.
- Six week course of anti-inflammatories to try and prevent the recurrence of bone formation.