



Duke Orthopaedics: Upper Extremity Division

Christopher Klifto, MD & Katherine Batten, PA-C

3609 SW Durham Dr, Durham, NC 27707

Total Elbow Arthroplasty

What is a Total Elbow Arthroplasty?

A total elbow arthroplasty (elbow replacement) is a surgical procedure in which parts of an arthritic joint are replaced with an artificial joint. One part fits into the humerus (upper arm), and the other part fits into the ulna (forearm). The two parts are then connected and held together by a pin. This artificial joint is designed to move like a normal, healthy joint.

How do you replace the elbow?

The prosthesis will be placed through an incision down the back of the elbow. The humeral and ulnar components are cemented into place. The two parts then fit together like a hinge.

Length of Stay

You will spend 1-2 nights in the hospital after this surgery. You will need to have someone drive you home after you have been discharged.

Anesthesia

Patients usually have two types of anesthesia for this surgery. The first is general anesthesia, which means you are asleep. The second type of anesthesia is a nerve block. Your arm will be numb and will feel very strange. The nerve block will last approximately 2-3 days with an Experil block. The anesthesiologist will speak to you on the day of surgery. The ultimate choice of anesthesia technique is up to you and your anesthesiologist.

Incision

You will have an incision down the back of your elbow. After the incision has healed, it is usually not objectionable. You may notice some sensitivity over the first 2 months after surgery as the scar tissue is in a location that is commonly hit or leaned on.

Pain Control

While admitted to the hospital, you may have pain medication administered through your IV and then you will be transition to pain medication you take by mouth. While admitted, we will make sure your pain is well controlled on the oral pain medication prior to discharge. You will have this pain medication prescribed for when you are discharged home. After the nerve block wears off you will have post-surgical discomfort, so start your pain medicine when the block begins to wear off.

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Diet

The combination of anesthesia and pain medications can cause nausea in some patients. If you are prone to nausea or show signs of nausea prior to discharge, a prescription for an anti-nausea medication will be provided. You may wish to advance your diet slowly the day of surgery to avoid exacerbation of nausea. Surgery and the narcotic pain medications are very constipating. Your diet should include plenty of water, fiber, fresh fruits and vegetables.

Splint

Your arm will be placed in a splint prior to leaving the operating room. The splint cannot get wet. To shower, place operative arm in garbage bag and secure to the arm with tape to keep splint dry. If splint gets wet, please call the office for advice on proper care of splint.

Dressings

You are to leave your dressings in place, clean and dry until your first post operative visit (10-14 days after the day of surgery). Your staples/stitches will be removed at your first follow up visit.

Physical Therapy

Before leaving the hospital you will be taught your home exercise program. For the three months of recovery you will do these very gentle stretches at home.

Restrictions

Recovery from total elbow replacement is three months. During that time you will have restrictions on the use of your operative arm. You may drive when you feel that you can properly control a car and you are **NOT** taking narcotic pain medication.

Day of surgery to Week 6: no lifting, no weight-bearing

Lifetime: no repetitive lifting greater than 5 lbs, no weight-bearing