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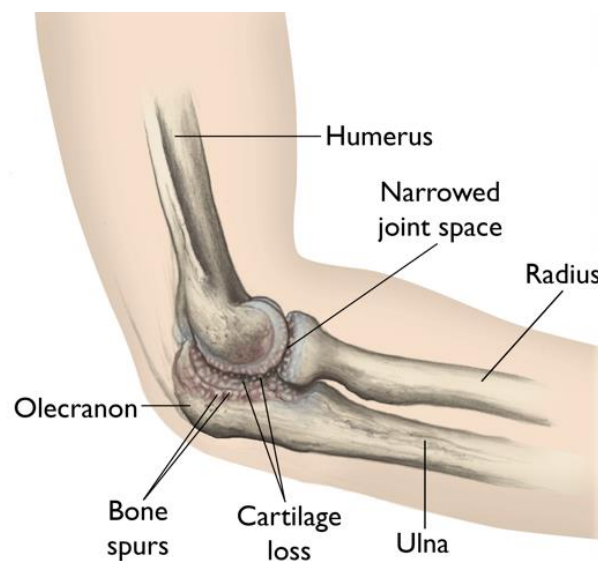
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ELBOW ARTHRITIS

This leaflet provides general information to help you understand Elbow Arthritis and the available treatment options.

Not everyone with elbow arthritis needs surgery.

At the heart of my practice is **Shared Decision-Making**. Whether we pursue conservative management (Plan A) or surgical intervention (Plan B), the goal is to create a tailored treatment plan that aligns with your lifestyle, values, and functional goals.



This leaflet provides general information and does not replace individual medical advice.

Practice Locations

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Anatomy of the Elbow

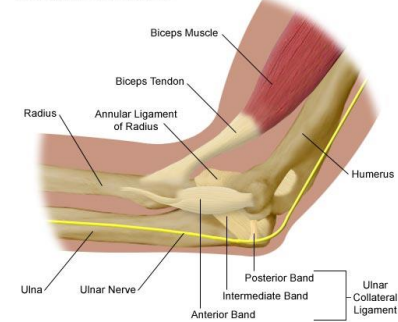
The elbow is a hinged joint connecting the upper arm to the forearm, relying on several structures for stability and movement:

How the Elbow Works

The joint connects:

- **Humerus** – upper arm bone
- **Radius and Ulna** – forearm bones

Anatomy of the Elbow



Stability

Maintained by the shape of the bones and collateral ligaments on each side.

Nerve Considerations

- **The ulnar nerve** runs behind the inner elbow (medial epicondyle).
- **Bone spurs (osteophytes)** can compress this nerve, causing numbness, tingling, or weakness in the ring and little fingers.

Causes of Elbow Arthritis

Osteoarthritis (OA)

“Wear-and-tear” arthritis

- Cartilage lining the bones becomes frayed and thin
- Bone surfaces rub together, causing pain
- Most common in people over 50 years of age

Rheumatoid Arthritis (RA)

An autoimmune condition

- Causes swelling of the joint lining
- Leads to pain and stiffness in multiple joints

Post-Traumatic Arthritis (PTA)

- Develops after elbow injury or fracture
- Cartilage damage can lead to arthritis over time

Common Symptoms

- **Pain:** especially when lifting or using the arm; may radiate down the forearm.
- **Night Pain:** common as arthritis progresses.
- **Clicking, locking, or clunking:** may occur with elbow movement.
- **Stiffness:** can limit everyday activities (dressing, cooking, hygiene).
- **Numbness and tingling:** usually in the ring and little fingers due to ulnar nerve compression.

Diagnosis

- Physical examination and patient history
- **X-rays:** show cartilage loss, bone spurs, or joint changes.
- **Nerve Conduction Studies (NCS):** used if ulnar nerve compression is suspected.
- **CT scan:** sometimes used to evaluate joint damage or loose bodies before surgery.

Example imaging:



Treatment Options: A Shared Decision

I will discuss all available treatment options with you, explaining the benefits and risks of each. Your preferences, values, and lifestyle will be considered as we work together to create a treatment plan best suited to your needs — this shared decision-making process ensures you are fully informed and involved in your care.

Plan A — Non-Surgical

- **Medications:** pain relievers and NSAIDs to reduce discomfort.
- **Physical Therapy:** exercises to maintain movement, strength, and function.
- **Corticosteroid Injections:** temporary relief of pain and inflammation.
- **PRP:** an experimental therapy using your own blood to aid healing.
- **Viscosupplementation:** hyaluronic acid injections to improve joint lubrication.

Plan B — Surgical

- **Elbow Arthroscopy:** keyhole surgery suitable for younger or active patients – smooths joint surfaces, removes loose bodies, and releases tight tissue, though improvement is usually temporary.
- **Elbow Replacement:** recommended when joint surfaces are completely worn – restores movement and reduces pain.

Important Things to Remember

- Elbow arthritis is not dangerous
- Many people improve without surgery
- Surgery is optional
- Doing nothing is always an option

Questions You May Wish to Ask

- What treatments should I try first?
- How long should I try them for?
- What improvement can I expect?
- What happens if I choose not to have surgery?

Book or Enquire Directly at Each Site

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