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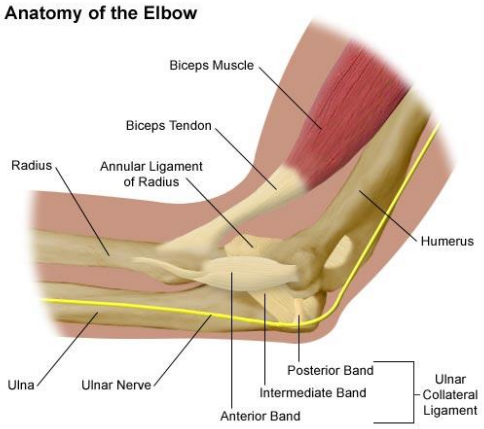
ELBOW ARTHROSCOPY & ARTHROLYSIS

This leaflet provides general information to help you understand elbow arthroscopy — a minimally invasive (keyhole) procedure to relieve pain, improve movement, and treat mechanical problems within the elbow joint.

This keyhole procedure treats problems inside the elbow joint, and is usually a day case.

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.



Videos of the surgery: https://www.youtube.com/c/ProfBijayendraSingh

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

Private Consulting Rooms

- **LIPS Healthcare London**
- **Spire Alexandra Chatham**
- **Practice Plus Gillingham**

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More Info

Scan to visit our website

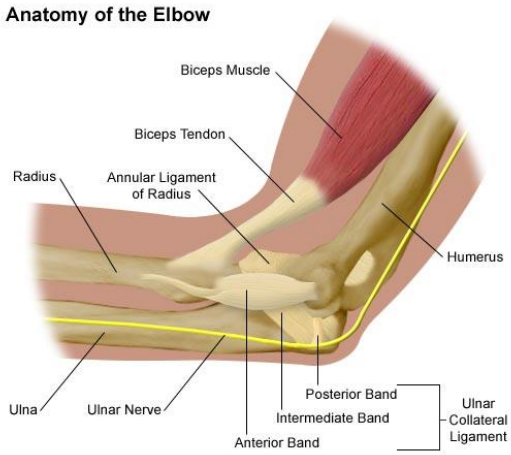
The Anatomy of the Elbow

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)
- A smooth cartilage lining and joint capsule



What Arthroscopy Treats

Keyhole surgery can remove loose bodies, trim inflamed tissue, shave bone spurs, and release a tight capsule to restore movement.

Common Reasons for Surgery

Arthroscopy may be advised to treat:

- Loose bodies and scar tissue
- Osteoarthritis of the elbow
- Tennis elbow (in some cases)
- Unexplained elbow pain

Typical Symptoms

- Pain, stiffness or swelling
- Catching, locking or grinding
- Reduced range of movement
- Symptoms not helped by physiotherapy

When Surgery Is Considered

When pain, stiffness, locking or swelling has not improved with physiotherapy, injections or activity modification.

About the Operation

Elbow arthroscopy uses a fibre-optic camera and fine instruments passed through small keyhole incisions to inspect and treat the joint. It is usually a day case, meaning smaller scars and a quicker recovery than open surgery.

At a Glance: Benefits

Keyhole surgery can:

- Relieve pain by removing inflamed tissue, loose bodies or bone spurs
- Improve movement by releasing tight structures
- Treat catching, locking or grinding within the joint

The Procedure, Step by Step

The keyhole operation, step by step:

- Camera: an arthroscope is inserted to view inside the joint
- Assessment: the cartilage, ligaments and joint lining are examined
- Treatment: loose bodies removed, tissue trimmed, spurs shaved, capsule released
- Closure: dissolvable stitches, a dressing and a sling

Before, During & After Surgery

Before Surgery

- Fasting: no food for 6 hours, no drinks for 2 hours before
- Smoking: avoid for at least 12 hours before, to aid healing
- Medications: continue as advised by the pre-assessment team

On the Day

- Admission: check in at main reception, then to your room
- Consultation: meet your surgeon and anaesthetist
- Preparation: timing and instructions are reviewed

Anaesthesia

- General anaesthetic combined with a nerve block
- The nerve block gives 12–36 hours of pain relief and temporary arm numbness

Recovery & Results

Recovery is a partnership. The timeline below is a guide — your physiotherapist and I will adapt it to you — **this shared decision-making process ensures you are fully informed and involved in your care.**

Recovery Milestones

- Sling: usually worn for 48–72 hours
- Gentle hand use: begin as comfort allows
- Light exercises: begin immediately, as instructed
- Recovery: rehabilitation typically 3–4 months (up to a year for full recovery)

Results

About 90% of patients achieve a good or excellent outcome. Around 5% may have ongoing discomfort, and a small number may need further treatment.

After Surgery

The first weeks

Sling: worn for 48–72 hours to support the arm and reduce swelling, or longer if needed

Pain Relief: a local anaesthetic block lasts 4–6 hours; start painkillers before it wears off, for 3–4 days

Wound Care: keyholes closed with dissolvable stitches under a splash-proof dressing and bandage; removed or changed at 48 hours; shower after 3 days

Physiotherapy: start light exercises immediately as instructed; apply ice for 15 minutes twice daily; avoid heavy activity for 2 weeks

Risks & Complications

Uncommon, but possible

Stiffness: mild stiffness is common and usually improves; complete stiffness is rare

Infection: fewer than 1 in 1000; treated effectively with antibiotics if it occurs

Persistent Pain: usually settles within weeks; a few patients have pain for 2–3 months and may need a steroid injection

Nerve Symptoms: around 5% have minor, temporary nerve symptoms that settle with time and physiotherapy; major nerve injury is rare

Failure to Improve: about 90% do well; around 5% have ongoing discomfort and a further 5% may need more treatment

Return to Work & Everyday Activities

Return-to-work timelines vary by role

- **Managerial / supervisory roles:** 2–3 weeks
- **Light manual labour (e.g. clerical):** 6–8 weeks
- **Heavy manual labour:** 12–16 weeks
- **Driving:** resume when comfortable and safe to control the vehicle and perform an emergency stop
- **Sport:** swimming from 3–4 weeks, golf from 6 weeks, contact sports after 3–4 months

Red Flags — When to Seek Urgent Help

Fever, spreading redness or discharge from the wound, worsening pain, or numbness and a cold hand — seek urgent assessment.
If you experience any of the above, contact the practice, your GP, NHS 111, or attend your nearest Emergency Department.

Key Points to Remember

- **Keyhole surgery, usually a day case**
- **Most people get good pain relief and improved movement**
- **Considered only after non-surgical treatment**
- **Physiotherapy is essential to recovery**

Questions You May Wish to Ask

- **How soon can I return to work?**
- **When can I drive again?**
- **How much improvement can I expect?**
- **What are the signs of a problem?**

Book or Enquire Directly at Each Site

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