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TOTAL ELBOW REPLACEMENT

This leaflet provides general information to help you understand total elbow replacement (TER), an operation to replace a worn or damaged elbow joint with an artificial one.

This procedure replaces the worn elbow joint with a metal implant to relieve pain and restore function.

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.

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The Anatomy of the Elbow

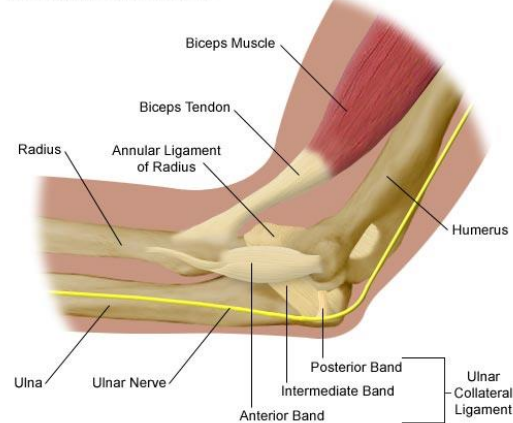
The elbow is a hinged joint connecting the upper arm to the forearm, relying on several structures for stability and movement:

How the Elbow Works

The joint connects:

- Humerus (upper arm bone)
- Radius and Ulna (forearm bones)
- A smooth cartilage lining that can wear out

Anatomy of the Elbow



What Is Elbow Replacement?

The worn ends of the elbow joint are removed and replaced with a metal component for the humerus and a bushing around the ulna, which are then linked together.

Why It May Be Needed

Elbow replacement is most often advised for:

- Arthritis not helped by other treatments
- Severe pain limiting daily activities
- Some complex fractures in lower-demand patients
- Loss of function and movement

Common Symptoms

- Persistent elbow pain
- Stiffness and reduced movement
- Difficulty with everyday tasks
- Pain not relieved by injections

Other Options

Steroid or visco-supplementation injections and elbow arthroscopy are usually tried first. Replacement is considered when these have not helped and pain continues to affect daily life.

About the Operation

A 15–18 cm incision is made at the back of the elbow. The worn joint ends are removed and replaced with a metal implant, which is then linked together. The wound is closed with dissolvable sutures and a back slab (half cast) applied. Most patients stay one night in hospital.

At a Glance: Benefits

The operation aims to:

- Relieve the pain of a worn or arthritic elbow
- Restore smoother, more comfortable movement
- Improve function for everyday activities

The Procedure, Step by Step

The operation, step by step:

- Incision: made at the back of the elbow
- Removal: the worn ends of the joint are removed
- Implant: metal components are fitted and linked together
- Closure: dissolvable sutures, dressing and a back slab

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

Anaesthesia

- General anaesthetic combined with a nerve block
- The nerve block numbs the arm and helps control pain after surgery

On the Day

- Admission: check in at main reception, then to your room
- Consultation: meet your surgeon and anaesthetist
- Hospital stay: most patients go home the day after surgery

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

- Back slab & sling: worn for about 2 weeks
- Exercises: begin before you go home
- Brace: an elbow brace may follow for 4–6 weeks
- Recovery: rehabilitation typically 4–6 months (up to a year)

Results

An artificial elbow usually lasts 10–12 years. It can loosen sooner with heavy use, so lifelong care is needed to protect the implant.

After Surgery

The first weeks

Sling: a back slab and high-arm sling are used for about 2 weeks; a brace may follow for 4–6 weeks

Pain Relief: the nerve block lasts 12–24 hours; start painkillers on returning home and take them regularly for at least 48 hours

Wound Care: dissolvable sutures are tied over the skin and removed by the nurse at 14 days; keep the wound clean and dry

Physiotherapy: a physiotherapist gives you exercises before discharge; rehabilitation typically takes 4–6 months and sometimes up to a year

Risks & Complications

Uncommon, but possible

Stiffness: mild stiffness is common; occasionally more marked stiffness can prolong recovery by a few months

Infection: uncommon; may require antibiotics and, rarely, further surgery, and can shorten the life of the implant

Persistent Pain: common for the first few weeks but steadily settles; ongoing pain after 3 months may need investigation

Loosening: the implant usually lasts 10–12 years, then may need replacing; sooner with infection or heavy manual use

Other Risks: occasional small bone cracks during surgery, usually mild and temporary nerve symptoms, or new bone formation (about 10%)

Return to Work & Living With Your New Elbow

Living with your new elbow — do's and don'ts

- **Work:** sedentary roles 4–6 weeks; jobs involving lifting 8–12 weeks
- **Driving:** usually 6–8 weeks, once comfortable with good movement; tell your insurer
- **Lifting:** never lift more than a glass of water for the first 6 weeks; avoid pushing up from a chair
- **Sport:** swimming 6–8 weeks (breaststroke first), golf around 12–16 weeks
- **For life:** avoid contact sports and repetitive heavy lifting to protect the implant

Red Flags — When to Seek Urgent Help

Spreading redness, discharge or a fever, 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

- Replaces a worn or arthritic elbow joint
- Relieves pain and improves function
- Never lift more than a glass of water for 6 weeks
- Avoid heavy lifting and contact sports for life

Questions You May Wish to Ask

- How long will the implant last?
- When can I drive and return to work?
- How much improvement can I expect?
- What can I safely lift and do?

Book or Enquire Directly at Each Site

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- 📍 Spire Alexandra Chatham ☎ 01634 687166
- 📍 Practice Plus Gillingham ☎ 0333 200 4055