

# **Duke Orthopaedics: Upper Extremity Division**

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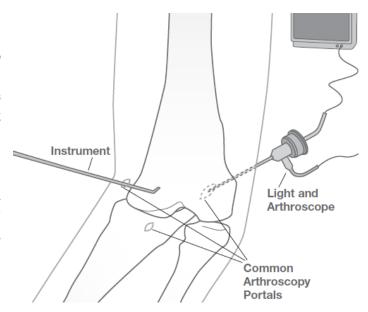
# Elbow Arthroscopy (Scope)

# What is an elbow arthroscopy?

An elbow arthroscopy is a procedure where Dr. Klifto inserts a small camera into the elbow joint to treat and diagnose a variety of conditions. This is performed through 2-3 small incisions around the elbow for the camera to see all aspects of the joint and for the use of small tools inside the joint.

# When is an elbow arthroscopy indicated?

An elbow scope can be both diagnostic and therapeutic. The scope can be used diagnostically if a patient cannot get an MRI or if the MRI results weren't clear. The elbow scope can be used as treatment for the following procedures: arthritis, loose bodies, stiffness, and more.



# Length of Stay

This is same-day surgery not requiring hospital admission as long as there are no complications or other health comorbidities that require attention before discharge. You will need to have someone who can stay the entire length of the procedure and take you home.

#### Anesthesia

Patients usually have one of 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 with sedation so you will not remember the procedure. Your arm will be numb and will feel very strange. The nerve block will last approximately 12 hours. The anesthesiologist will speak to you on the day of surgery. The ultimate choice of anesthesia technique is up to you and your anesthesiologist.

### **Incisions**

You will have approximately 3 small incisions around your elbow. They will only be about 1 cm long.

### Pain Control

You will have pain medication prescribed for you prior to discharge. After the nerve block wears off you will have post-surgical discomfort, so start your pain medicine when the block begins to wear off. Most of the pain is related to your very swollen elbow. That swelling should improve greatly in the first 24-48 hours after surgery.

#### 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 you 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.

### Sling/Splint

Your arm will be placed in a sling prior to leaving the operating room. You are to remain in your sling until the block wears off and as needed for comfort until your post-op visit. While you are in your sling, you are not permitted to drive.

### **Dressings**

Depending on the reason for the elbow scope and if any repairs were completed, you may be in a splint after surgery for immobilization of the elbow. If a splint is needed, stay in the splint until your post-operative appointment approximately 14 days after your surgery.

If the scope was less extensive, you may only have a soft gauze dressings on your elbow. After 3 days you may remove the dressings. There will be small black sutures (stitches) that will be taken out at your first post-operative appointment approximately 14 days after your surgery.

### Physical Therapy

The elbow is a joint that becomes stiff very quickly. At your post-operative appointment 2 weeks after surgery, need for PT will be discussed. Many factors influence that need for PT including type of procedure completed, length of immobilization, elbow range of motion or stiffness, and level of activity desired to return to.

### Restrictions

Recovery from elbow arthroscopy is one to six months depending on procedure. During that time you will have restrictions on the use of your operative arm.

Day of surgery to Week 2: remain in splint (if applicable) and sling for comfort. Out of work for many occupations. No use of operative elbow if in splint, but hand is free. If NO SPLINT, elbow, wrist, and hand freely movable. No lifting, pushing/pulling, or leaning on operative extremity.

Weeks 2-6: variable depending on reason for procedure.

