

Total Elbow Arthroplasty

Dr. Bienz

Indications:

Rheumatoid arthritis, degenerative joint disease, or trauma that has resulted in pain and / or limited ROM of the elbow in the elderly.

Surgical Procedure:

A posterolateral approach is utilized. The triceps occasionally is reflected from its ulnar insertion and retracted medially. Joint exposure requires subperiosteal release of the lateral collateral annular complex origin. The radial head is usually excised. A cutting template is aligned posteriorly and bone is removed from between two condyles in a fashion which matches the shape of the humeral component. The proximal ulnar articular surface is removed; the canal entered for placement of the ulnar component. After checking ROM with trial implants, the definitive implant is cemented into place. Finally, the collateral ligaments are reattached and the elbow is closed.

Postoperative Rehabilitation, DOS: _____

Don't do anything for first 8-14 days

2 Weeks Postop, Begin Date: _____

Edema control is started. As the edema begins to resolve, the dressing may be reduced to a 4" plastic stockinette (i.e. Jobst, Dermagrip). Apply hinged elbow brace. Lockout at 90°. Free to extend further without resistance. Within 48 hours following suture removal scar massage with lotion may be initiated, assuming the wound is closed. In addition, other forms of scar management may be initiated such as: Rolyan 50/50, Otoform, or Elastomer.

PROM exercises may be initiated to the elbow six times a day. No flexion greater than 90°.

Okay to work supination and pronation.

NMES may be used to stimulate biceps to maximize elbow flexion and / or the triceps for extension. NMES may be used in a reciprocal fashion within limits if brace.

6 Weeks Postop, Begin Date: _____

Remove 90° lockout, leave brace off at night and for exercises, but leave on with no block to ROM until 8 weeks. PROM exercises may be performed away from the patient's side.

8 Weeks Postop, Begin Date: _____

Gentle strengthening may be initiated to gradually strengthen the hand, wrist, forearm, and elbow. Brace is discontinued.

Results:

Restoring functional ROM to the elbow should be achievable. It is unlikely that normal full ROM will be restored.