



## **Elbow Replacement for trauma**

### **Procedure Summary**

Treatment of distal humerus fractures by open reduction and internal fixation, especially in elderly patients, does not always result in satisfactory outcomes. Elbow replacement in the form of distal humeral replacement (hemiarthroplasty) or total elbow replacement (replacement of the distal humerus and proximal ulna) have been demonstrated to be a reliable alternative with reasonable results.



### **Sling**

- This is for comfort and should be discontinued after 2 weeks.
- No weight bearing through the limb for 6 weeks.

### **Rehabilitation**

- The patient is allowed to move the elbow as pain allows except when a triceps splitting approach (rarely done) has been carried out, in which the following apply:
  - o No active ROM for 6 weeks.
  - o Continue sling for 6 weeks.



- No specific rehabilitation is required.
- Avoid lifting more than 1kg in the long-term to reduce the risk of early loosening.

## **Driving**

- As with all shoulder/elbow surgery, patients should inform their insurance company regarding the injury and subsequent surgery.
- As a general rule, patients should be able to carry out an emergency stop (this should not be a problem in this case) and maintain safe control of the steering wheel should they need to avoid a pedestrian or other obstacle in the road.