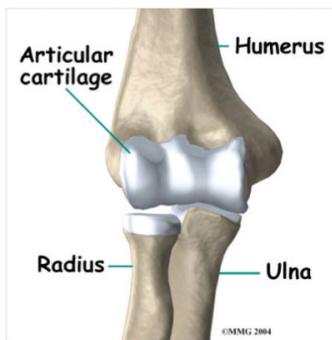




**SURGERY**

# Radial Head Surgery

## A Diagram of the Elbow to show the Radial Head



### What does this involve?

The radial head is a rounded shape and works against the far end of the humerus (for bending and straightening of the elbow) and against the ulna (for rotation of the forearm).

The radial head can be broken in elbow injuries or can become arthritic and worn out over time. If the radial head is broken the fragments may need to be fixed together. If there are too many parts the bits may be removed and a replacement radial head put in its place. For arthritis of the radial head the best option is often just to remove that part of the joint.

### When is surgery needed?

Following a fracture treatment needs to be individualised in each case depending on the pattern of radial head fragments and any associated elbow injuries. For isolated, well positioned single fractures of the radial head surgery is usually not required.

For arthritis in the elbow a radial head excision alone can be useful at relieving pain if most of the problem is just in that part of the joint. A radial head excision alone is unlikely to give much relief if there is also a great deal of arthritis between the ulna and the humerus.

### Which operation is the right one for me?

Your surgeon will discuss your individual case with you.

## What are the main risks of risks of these operations?

### Swelling, Stiffness and Scar pain

This can be reduced by keeping the arm elevated and moving all the free joints as soon as possible. In most people the general swelling reduces dramatically in the first week after the operation.

Local swelling around the surgical site can persist for several months. Local swelling can be helped by massaging the tissues and this may also improve any irritability in the surgical scar.

The elbow will be stiff initially and this will require an exercise programme to be followed.

Occasionally patients are troubled by more swelling and stiffness than average. In this case complex regional pain syndrome (CRPS) is sometimes the cause (see relevant information sheet in 'Conditions we Treat'). Severe CRPS occurs in less than 1% of cases.

### Infection

This is unusual (less than 1% of cases). Local wound infections can often be treated with antibiotics by mouth. Rarely deep seated infections may require re-admission to hospital, antibiotics into the vein and occasionally more surgery.

### Nerve Damage

The nerves most at risk with these operations are the small skin branches supplying sensation around the scar. The lost patch of skin sensation from these injuries might be irritating but should not affect how your elbow works.

There is a small risk to the radial nerve which runs near the radius. If this is damaged you will have a patch of numbness on the back of your hand and weakness of wrist and finger extension (lifting up towards the back of the hand). In the vast majority of cases this recovers by 6-8 weeks after the surgery. The risk of permanent damage to this nerve is less than 0.1% with an experienced elbow surgeon.

### Non-Union of a fracture

On occasion the bone fragments do not heal together again properly after surgery to fix a fracture. This may result in ongoing pain in the elbow and sometimes requires further surgery.

*Cont...*

<b>Type of Operation</b>	Day case
<b>Length of Procedure</b>	30 - 90 mins
<b>Anaesthesia</b>	General Anaesthetic (asleep) or Regional Anaesthetic (arm numbed with local anaesthetic)



### *Metalwork irritation*

The commonest problems are with plates and screws rubbing on tissues around the elbow as it moves. This can cause an unpleasant grating sensation around the elbow and stiffness.

A replaced radial head can also rub against the end of the humerus and cause wear of that joint surface over time. This can cause pain and swelling within the elbow joint.

Either of these two situations may require further surgery.

### *Prosthesis loosening*

Any replaced joint can work loose over time and this can also occur with radial head replacements. The replacement may even come completely out of joint in some cases. These changes can usually be detected with xrays. Further surgery may be required in these instances.

### *Progression of arthritis*

Following a radial head excision the remaining joint surfaces may wear further over time and give further symptoms. This may eventually result in the need for more surgery.

## Post Operative Course

### *Day 1 - 3*

- A sticky dressing and padded bandage is applied after the operation
- Keep the dressings clean and dry
- Keep the arm elevated in a sling or on pillows to reduce swelling
- Start moving the joints not in the bandage immediately to prevent stiffness.
- Take painkillers before the anaesthetic wears off and as necessary thereafter

### *Day 3 - 14*

- You can take off the padded bandage but keep/replace the sticky dressing over the wound to protect it.
- Keep the wound clean and dry
- Continue gently exercising the joints and now include the elbow. You will have been given an exercise sheet after your operation to help with this. You can use the hand for light activities but avoid heavy loading and prolonged periods with the hand down below your waist.

### *2 Weeks*

- A wound check and removal of stitches should occur between 10 and 14 days after your surgery. The details will be arranged on the day of your surgery.
- Continue gradually increasing activities as comfort allows.

- Once the wound is completely sealed a daily session of 10 minutes massaging the scar with unscented hand cream is often useful to disperse swelling and desensitise the scar.

### *6 Weeks*

- Most people are back to normal activities by this stage although scar massage may still be useful

### *3 Months*

- It may take this long for residual discomfort in the scar and elbow to settle down.
- Heavy activities and contact sports can usually be re-started at this stage.

## Post Operative Difficulties

### *Contact your surgical centre at any stage if:*

- Your fingers become more swollen, stiff or painful than you expect
- You see any discharge, wetness or detect any unpleasant smells from below your dressing

Outside normal working hours you may need to attend your local Accident and Emergency Department for help with these issues.

### *Driving*

You may drive when you feel confident to control the car, even in an emergency.

For this type of surgery it is often six weeks before you should consider driving again.

### *Time off Work*

This will vary depending on the nature of your job.

Sick notes can be provided on the day of your operation, at your clinic visits and by your own GP.