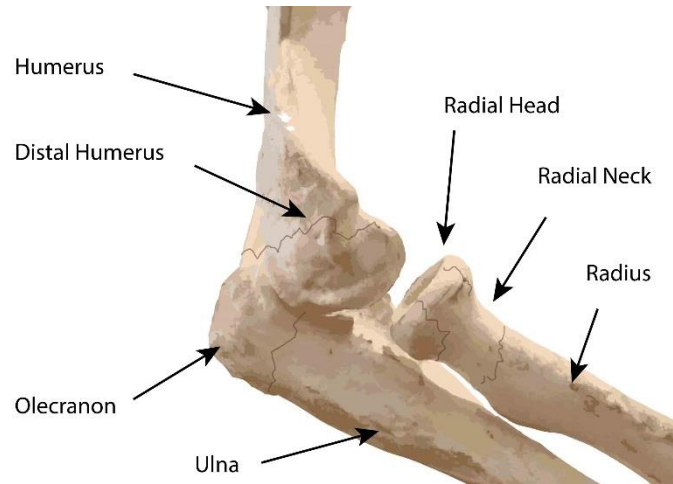


Fractures Around the Elbow: A Guide to Recovery

Fractures or breaks around the elbow are less common in adults than children, but still occur fairly commonly. The most common parts of the elbow that break are the upper end of the ulna bone, called the olecranon; the upper end of the radius bone, called the radial head or radial neck or the end of the humerus, called the distal humerus.



Commonly, fractures around the elbow in adults are treated with surgery to reduce the chance of healing problems, stiffness and arthritis. If the break heals in a poor position, there could be a significant loss of function or movement in the elbow.

There are different types of surgery performed to fix these types of fractures. These are the most common:

- **Fixation or ORIF (Open Reduction Internal Fixation):** this is the most common surgery. In this surgery, a cut or incision is made through the skin, then the bones are repositioned to back to where they should be and then held in position with

screws, plates, wires, pins or other means. The bones will go on to heal, usually within 6-10 weeks.

- **Joint Replacement Surgery:** This is less commonly needed but if the bone has broken into many small pieces making it too hard to fix, replacing the broken bones with a metal replacement joint may be recommended.

What to expect: While the bone heals usually within 1-2 months, recovery takes much longer. Typically most of the recovery is completed by 4-6 months. Stiffness is very common after these injuries and can be very frustrating. Many people have some permanent loss of elbow motion, but this is usually only a small amount and improvement continues for at least 6-12 months after the injury. Early Range of Motion exercises are extremely important to try to reduce the chance of stiffness. The chances of a full recovery depend mostly on the type and severity of break and if there are complications like stiffness after the break.

These operations are performed in the operating room most commonly under general anesthesia (going to sleep), sometimes block anesthesia 'freezing the arm'. The surgery usually takes between 45-120min. Some patients are able to go home the same day as their surgery, but larger operations usually require an overnight hospital stay.

Going Home:

- Arrange to have someone take you home after surgery, even if you are taking a taxi

Care of your Incision & Wound:

- After surgery, you may have a bulky dressing or a plaster splint
- Leave your dressing or splint on and do not remove

- Keep your dressings or splint dry
- Call your surgeon if your dressings or splint get wet

Bathing:

- Cleanse around the area or use a plastic bag sealed with duct tape to keep the dressings dry.
- If the dressings get wet and you do not have a splint, change the dressings
- You may bathe 2-3 weeks after surgery, if the wound is healed and dry

Care of your Incision & Wound:

- Please do not change your dressing unless it gets wet or soiled
- If your plaster splint becomes wet, contact your surgeon
- Leave dressings clean, dry and covered until your follow up appointment 10-14 days after surgery

How to change your dressings if they become soiled or wet:

- Wash your hands with soap & water before you take care of your wound
- Remove tensor bandage
- Throw out the white gauze bandages—the dressings will be stained with blood - and remove the white mepore dressings.
- Do not remove the Steri-Strips- small tapes that are right on top of the wound. They will fall off themselves.
- Cover wounds with new dressing. Apply new 'mepore' or waterproof 'aquacell' dressing.
- Buy 'mepore' dressings at pharmacy
- Buy waterproof 'aquacell' dressing at One Bracing @ Rebalance^{MD}. You may shower with the aquacell dressing on.

- After you change your dressing, put the tensor back on starting to wrap the arm below the elbow and then work your way up.
- The tensor band should be snug but not too tight. If the tensor is applied too tight (causes tingling or change in skin colour), loosen and reapply
- If the tensor is too loose, take it off and re-wrap it snugly

Activity:

- Do not use your broken arm to lift anything heavier than 1 lb (a large coffee mug) until you discuss with your surgeon - usually this is for the first 4-6 weeks after the break
- A sling may be used for the first week or two after surgery. Usually, your surgeon will ask you to stop using the sling as soon as is comfortable but you may want to wear it out of the house to protect the arm.
- Gradually resume normal activities like walking; recovery is gradual and it is normal to feel weak and tired for a couple of weeks after surgery
- Remove your arm from your sling 2-4 times per day to gently stretch out the hand, wrist and shoulder. This can be started within a day or two of surgery.
- Elbow exercises should be started when your surgeon tells you too - either right after surgery or after your first follow up appointment
- Your surgeon will give you specific instructions about what kind of additional physiotherapy is recommended and when to begin

Pain:

- Discomfort will be moderate for the first few days and will gradually get better

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- In the first day or two after the break or surgery, it is better to give the pain medication regularly e.g. every 4-6 hours, rather than wait until the pain is bad.
- Use any pain medications as prescribed by your surgeon
- Gradually reduce your pain medications as your pain decreases

Swelling & Bruising

- Expect swelling and bruising for a few weeks following the surgery. This is due to the trauma from the fracture and from the surgery.
- The swelling and bruising may go below the elbow into the wrist and hand above the elbow
- When resting, sit with the elbow and forearm supported with pillows and elevated

Icing:

- Apply ice packs or use a cryo therapy 'ice machine' to reduce pain and swelling
- Cryotherapy "Ice Machines": are an alternative to ice packs. They can be extremely helpful to reduce pain and swelling. These can be bought at One Bracing @ Rebalance^{MD} or other medical supply stores
- Apply ice for 10-15 minutes, 4-6 times per day
- Never apply ice directly to skin

Return to Work:

- When you are able to return to work depends on:
 - the kind of job you have and its physical demands
 - how much pain & swelling you have after your injury

- how your recovery is progressing
- if you are able to modify your job or work from home
- Your surgeon will help you decide when to return to work
- Expect to take off at least 4 weeks for a desk job that does not require much use of both hands
- Expect to take off 3-6 months for more physically demanding work

Healthy Eating:

- Start with clear fluids after surgery
- Gradually increase to a well balanced diet as your appetite allows
- Drink at least 6 cups of fluids daily

Going to the Bathroom:

- Changes in medications, activity and diet can cause constipation (hard, dry bowel movements)
- To avoid constipation, drink lots of fluids, eat high fibre foods such as prunes, fruits, bran, whole grains and vegetables
- Take a stool softener or laxative if needed. Ask your surgeon or pharmacist to suggest one.

Driving:

- Do not drive while taking pain medications
- Discuss with your surgeon when it is safe to drive but expect that you will not be able to safely drive for at least 4-8 weeks after the break

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- If your ability to safely drive (e.g swerve sharply, perform an emergency stop) is impaired, your insurance may not be valid in the case of an accident

Your Medications:

- Resume your regular medications unless instructed otherwise by your surgeon

Follow Up Appointment:

- A post-operative appointment should be scheduled for approximately 10-14 days post surgery
- Call the office if you do not have an appointment scheduled
- Write down your questions for the surgeon before the appointment

Call your Surgeon if you have:

- Increasing pain or swelling that is not relieved by elevation, ice and pain medications
- Bleeding that continues even after applying direct pressure for 10-15 minutes
- Incisions that are red, puffy, hot or leaking fluid more than 48 hrs after surgery
- Fever greater than 38°C
- Signs of circulation problems (e.g coolness, change in skin colour, numbness) which is not relieved by rest
- Persistent nausea and vomiting
- Inability to pass urine for more than 8-10 hours
- Chest pain or shortness of breath that is unusual for you

If you cannot reach your Surgeon:

- Call your family doctor, go to a walk-in clinic or hospital emergency department

Non-emergency health information and services:

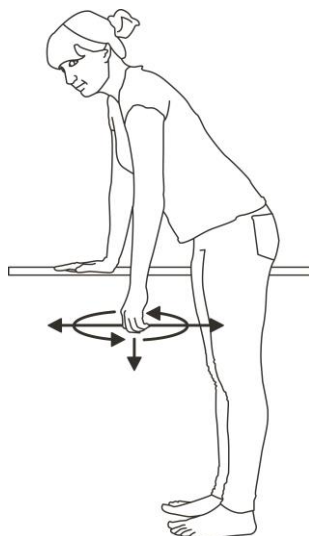
- HealthLinkBC www.healthlinkBC.ca
- Tel: 811 from anywhere in BC
- Tel: 711 for deaf and hearing impaired assistance (TTY)

Exercising the Elbow & the Shoulder

Shoulder Pendular Swing Exercises

Begin the Pendular swing exercises 1 or 2 days after surgery to avoid stiffness in the shoulder. Do exercises 2-3 times per day.

- Rest your good arm on the edge of the table
- Bend over from your waist
- Allow your affected arm to hang down – it should hang limp and loose
- Swing the arm back and forth in a smooth pendular motion about 10 times
- Then allow the arm to circle gently in a clockwise direction with circles that grow gradually larger. Repeat 10 times.
- Now go counter clockwise. Repeat 10 times.



Exercises for the Elbow

Begin these exercises one or two days after surgery unless you are in a plaster splint. If you are in a plaster splint, you will begin these exercises after your first follow up appointment.

Spend 15 minutes 3 times a day exercising your elbow.

- Ice your elbow before and after exercises to reduce pain
- Sit upright in comfortable position to do the exercises.
- Do not wear a sling while doing the exercises.
- Remove your tensor bandage before doing exercises.

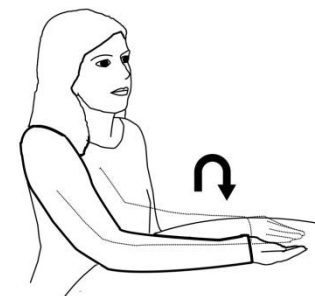
1. Elbow Bending (Flexion) and Straightening (Extension):

Bend your elbow to a comfortable level, hold for 5 seconds. Straighten your elbow and hold for 5 seconds. Repeat 10 times.



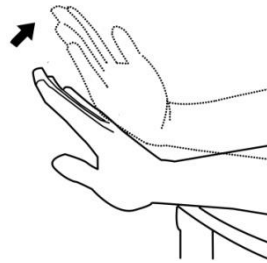
2. Forearm Rotation (Pronation & Supination)

Support your arm on a table. Making sure to keep your elbow tucked into your side, turn your palm up as far as is comfortable. Hold for 5 seconds. Turn the palm down as far as in comfortable. Hold for 5 seconds. Repeat 10 times.



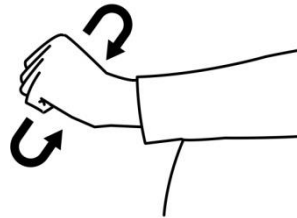
3. Wrist Bending (Flexion & Extension)

Support your arm on a table, hand over the edge and palm facing down. Raise your hand up to extend the wrist as far as is comfortable. Hold for 5 seconds. Turn the palm up and flex the wrist up as far as is comfortable. Hold for 5 seconds. Repeat 10 times.



4. Wrist Rotation

Support your arm on table. Move your wrist in a circle in a clockwise direction. Repeat 10 times. Then move wrist in a counter clockwise circle. Repeat 10 times.



The information in this handout is intended only for the person it was given to by the health care team. It does not replace the advice or direction given to you by your surgeon.