

Long-Term Expectations

All implants have a limited life expectancy depending on an individual's age, weight, activity level and medical condition(s). A total joint implant's longevity will vary in every patient. It is important to remember that an implant is a medical device subject to wear that may lead to mechanical failure. While it is important to follow all of your surgeon's recommendations after surgery (including limiting lifting to five to seven pounds), there is no guarantee that your particular implant will last for any specific length of time.

Follow Up

A therapy appointment is made for three to five days after surgery to remove the bulky dressing and begin range of motion exercises. An office visit with your surgeon or nurse will be scheduled at 10–14 days to check the incision and remove sutures. Follow-up X-rays and range-of-motion exams generally occur at six weeks, three months, six months, and one year after surgery.

Summary

Significant advances have been made in the design of total elbow implants. Elbow replacement is increasingly utilized to maintain critical upper-extremity function. When the elbow is affected by pain or restricted mobility, it severely limits upper-body function.

We realize that the decision to have surgery is sometimes difficult. We hope that this brochure has helped you understand some of the basics of total elbow replacement surgery so that you can make the best decision for yourself. This brochure is not intended to replace the experience and counsel of your orthopedic surgeon. If you have any further questions, please speak with your orthopedic surgeon.

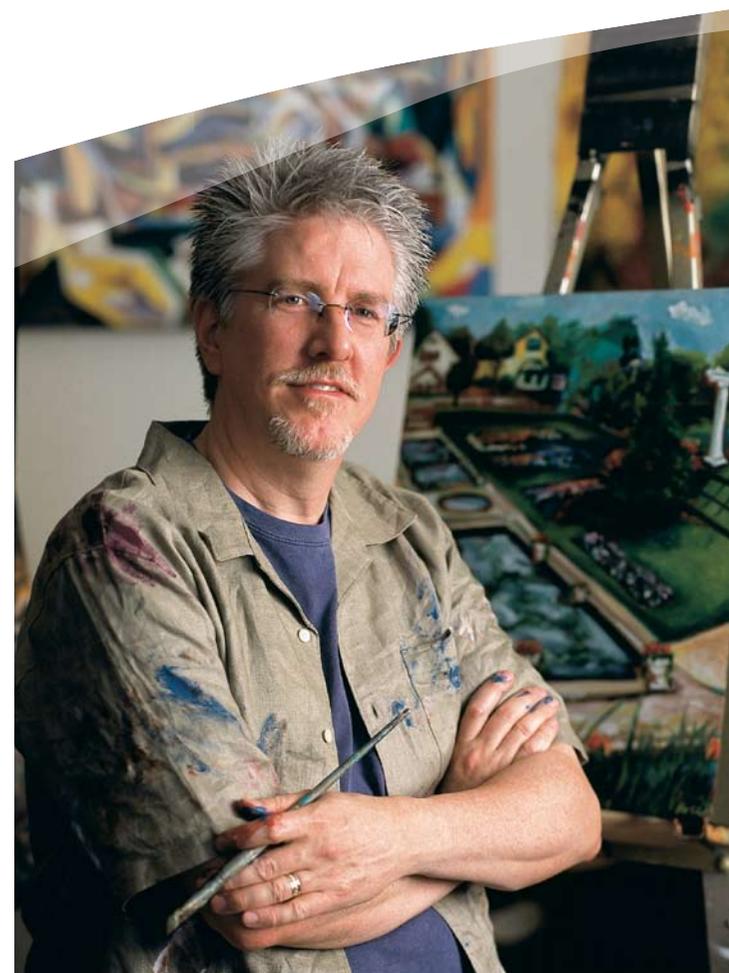
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your guide to **Total Elbow** replacement surgery



understanding **Arthritis and Elbow** replacement

From pushing to pulling, lifting to throwing, the elbow has a wide range of motion. Fortunately, for many, the elbow is also one of the least likely joints to develop arthritic conditions requiring surgery. However, certain conditions such as osteoarthritis and rheumatoid arthritis can eventually require replacement surgery to help restore movement to the elbow.

This brochure will help you understand basic elbow anatomy, common reasons for total elbow replacement surgery, and the surgical procedure. This brochure is for educational purposes only and is not intended to replace the expert guidance of your orthopedic surgeon. Any questions or concerns you may have should be directed to your orthopedic surgeon.



The Elbow

The elbow is a complex joint consisting of three compartments that provide two types of motion. The humerus (upper-arm bone) and the ulna (bone on the small-finger side) provide hinge-type motion. The humerus and the radius (bone on the thumb side) provide rotational motion. The joint is lined with a lubricating tissue called cartilage, which bears weight and cushions joint movement.



Healthy Elbow

The Arthritic Elbow

There are a number of factors that may contribute to damaged joint cartilage. Damaged cartilage may lead to increased friction between the bones and increased pain. The elbow's joint cartilage is most commonly damaged by fracture. The cartilage can also be damaged by osteoarthritis (OA), the breakdown of joint cartilage leading to painful bone-on-bone contact, or inflammatory arthritis such as rheumatoid arthritis (RA).

Rheumatoid arthritis is a more complex disease that affects not only joints, but muscles as well. The body's response to RA leads to swelling of the synovium, which is a tissue that provides lubrication and nourishment to joint cartilage. As the synovium swells, it begins to destroy the joint cartilage, leading to swelling, pain, and limited movement. Loss of motion and pain in the elbow can severely limit upper-body function.



Arthritic Elbow

Total Elbow Replacement

If conservative treatment options fail to provide relief, your surgeon may recommend total elbow replacement surgery. Total elbow replacement requires a five to seven-inch incision to be made across the back or side of the elbow to gain access to the joint. The diseased surfaces are replaced with an implant made of metal alloy on one side and a form of plastic called polyethylene on the other side. Elbow implants are designed to replace the hinge mechanism in a healthy elbow, to restore joint function, and to reduce or eliminate pain caused by arthritis.

Complications

While uncommon, complications can occur during and after surgery. Some complications include, but are not limited to, infection, implant breakage, malalignment, fracture, and premature wear, any of which may require additional surgery. Although implant surgery is extremely successful in most cases, some patients still experience stiffness and pain.

After Elbow Replacement

The arm is typically immobilized for comfort in a long-arm dressing and protective splint for the first three to five days. Range of motion exercises may be started after the dressing and splint are removed, allowing for some return to light activities of daily living. At 10–14 days, the sutures are removed. Strengthening usually begins by six weeks after surgery. Formal physical therapy is usually not required.



Elbow Implant

Other Non-Surgical and Surgical Options

Non-surgical treatments for the diseased elbow can include nonsteroidal anti-inflammatory medications, and local steroid injections to reduce painful joint inflammation.

Exercise or physical therapy can strengthen muscles around the affected joint and possibly relieve pain by improving function and mobility.

Sometimes one of the three compartments in the elbow joint is more damaged than the others. Bone spurs can grow and cause impingement, which limits motion and causes pain. The bone spurs can usually be removed either through an incision or through an arthroscopic procedure (using a scope about the size of a pencil). Removing the bone spurs releases the contracted elbow-joint lining to improve motion and comfort.

When all three compartments of the elbow are badly damaged, removing the bone spurs and resurfacing the damaged joint surfaces with a tendon or fibrous connective tissue can preserve reasonable function and/or provide additional time before joint replacement is needed.