

Patient Information for Consent

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OS40 Elbow Fracture Surgery (adult)

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Information about COVID-19 (Coronavirus)

Hospitals have robust infection control procedures in place. However, you could still catch coronavirus either before you go to hospital or once you are there. If you have coronavirus at the time of your procedure, this could affect your recovery. It may increase your risk of pneumonia and in rare cases even death. The level of risk varies depending on factors such as age, weight, ethnicity and underlying health conditions. Your healthcare team may be able to tell you if these are higher or lower for you. Talk to your surgeon about the balance of risk between going ahead with your procedure and waiting until the pandemic is over (this could be many months).

Please visit <https://www.gov.uk/coronavirus> for up-to-date information.

Information about your procedure

Following the Covid-19 (coronavirus) pandemic, some operations have been delayed. As soon as the hospital confirms that it is safe, you will be offered a date. Your healthcare team can talk to you about the risks of having your procedure if you have coronavirus. It is then up to you to decide whether to go ahead or not. The benefits of the procedure, the alternatives and any complications that may happen are explained in this document. If you would rather delay or not have the procedure until you feel happy to go ahead, or if you want to cancel, tell your healthcare team.

If you decide to go ahead, you may need to self-isolate for a period of time beforehand (your healthcare team will confirm how long this will be). If you are not able to self-isolate, tell your healthcare team as soon as possible. You may need a coronavirus test a few days before the procedure. If your test is positive (meaning you have coronavirus), the procedure will be postponed until you have recovered.

Coronavirus spreads easily from person to person. The most common way that people catch it is by touching their face after they have touched a person or surface that has the virus on it. Wash your hands with alcoholic gel or soap and water when you enter the hospital, at regular intervals after that, and when you move from one part of the hospital to another.

Be aware of social distancing. Chairs and beds are spaced apart. If your healthcare team need to be close to you, they will wear personal protective equipment (PPE). If you can't hear what they are saying because of their PPE, ask them to repeat it until you can. You may not be allowed visitors, or your visiting may be restricted.

Your surgery is important and the hospital and health professionals looking after you are well equipped to perform it in a safe and clean environment. Guidance about coronavirus may change quickly your healthcare team will have the most up-to-date information.

What is an elbow fracture?

An elbow fracture is a break of one or more of the bones that form your elbow joint.

Your surgeon has recommended an operation to treat your broken elbow. However, it is your decision to go ahead with the operation or not.

This document will give you information about the benefits and risks to help you to make an informed decision. If you have any questions that this document does not answer, ask your surgeon or the healthcare team.

How does an elbow fracture happen?

Most elbow fractures happen when you fall onto your elbow or hand. Elbow fractures can happen to people of all ages. Sometimes the fracture is just a little crack in the bone. However, the fracture can be more severe with the bone broken in many places, dislocation of the elbow joint or damage to the surfaces of the joint.

What are the benefits of surgery?

The aim is to hold the pieces of bone in a good position while the fracture heals. This should help your elbow to work better.

If your elbow joint is unstable, surgery can help to keep it in place.

Are there any alternatives to surgery?

Some elbow fractures heal well without surgery. You will often need to wear a sling and take painkillers for the first week or two. Your elbow may need to be placed in a cast for a short time to help control the pain.

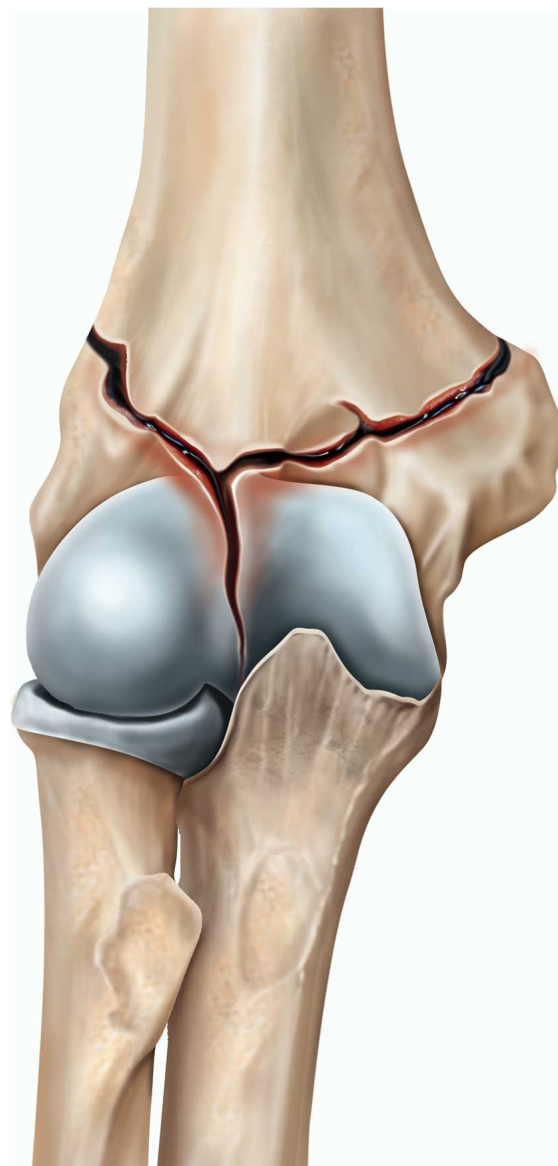
If your elbow is dislocated, you will need to have the bones pulled into a more normal position (called a manipulation). You will need sedation or a general anaesthetic.

What will happen if I decide not to have the operation?

You may need to have a manipulation and then your elbow will be put in a cast or sling. The physiotherapist will help you to start moving your elbow as soon as possible.

If the bones do not heal in a good enough position, you are more likely to have pain and stiffness in your elbow.

Surgery gives better long-term results the earlier it is performed.



An elbow fracture

What does the operation involve?

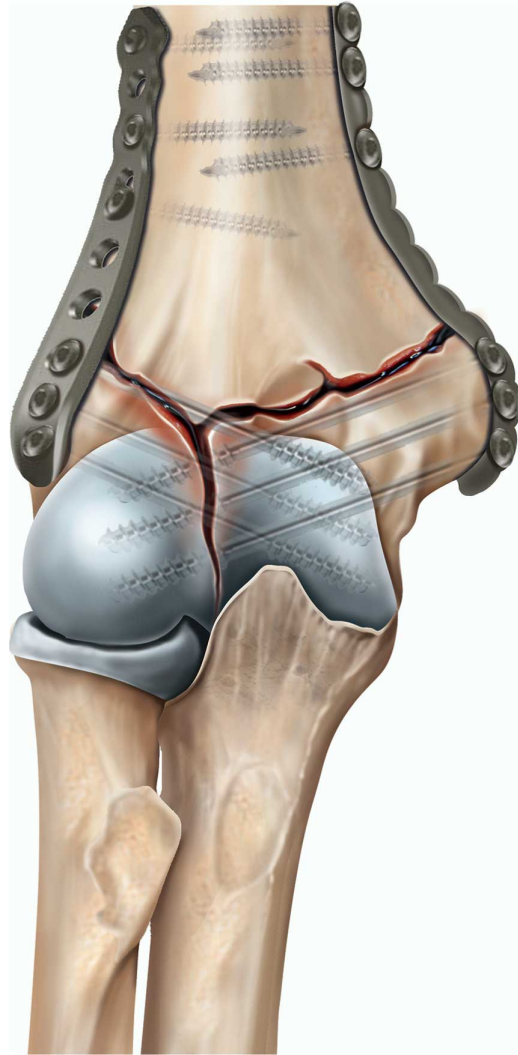
The healthcare team will carry out a number of checks to make sure you have the operation you came in for and on the correct side. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

Various anaesthetic techniques are possible. Your anaesthetist will discuss the options with you. You may also have injections of local anaesthetic to help with the pain after the operation.

You may be given antibiotics during the operation to reduce the risk of infection.

There are several different ways of fixing a broken elbow, depending on the type of damage.

- Screws, or plates fixed to the bone with screws.
- Replacing fragmented bone with an artificial implant.
- An 'external fixator' (using a frame and pins), if the joint is unstable.



Plates fixed to the bone with screws

Your surgeon will discuss which option, or combination of options, is best for you. Sometimes your surgeon may need to cut through the bone at the point of your elbow, so they can fix the bones in a good position. They will join the bone back together.

They will close your skin with stitches or clips and place a bandage or cast on your elbow.

What should I do about my medication?

Make sure your healthcare team knows about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter. Anti-inflammatory painkillers may prevent the fracture from healing properly, so it is better not to take these if possible.

What can I do to help make the operation a success?

If you smoke, stopping smoking may reduce your risk of developing complications and will improve your long-term health. Nicotine is known to stop fractures from healing.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

You can reduce your risk of infection in a surgical wound.

- Try to have a bath or shower either the day before or on the day of the operation. If you have a temporary cast, you must keep it dry.
- Keep warm around the time of the operation. Let the healthcare team know if you feel cold.

What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

Some complications can be serious.

You should ask your doctor if there is anything you do not understand.

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

General complications of any operation

- Pain. The healthcare team will give you medication to control the pain and it is important that you take it as you are told so you can move about as advised.
- Bleeding during or after the operation.
- Infection of the surgical site (wound). It is usually safe to shower after 2 days but you should check with the healthcare team. Keep your wound dry and covered. If you have a cast, you must keep it dry. Let the healthcare team know if you get a high temperature, notice pus in your wound, or if your wound becomes red, sore or painful. An infection usually settles with antibiotics but you may need another operation.
- Allergic reaction to the equipment, materials or medication. The healthcare team is trained to detect and treat any reactions that might happen. Let your doctor know if you have any allergies or if you have reacted to any medication or tests in the past.
- Unsightly scarring of your skin.
- Difficulty passing urine. You may need a catheter (tube) in your bladder for 1 to 2 days.

Specific complications of this operation

- Damage to nerves that supply the skin, leading to a patch of numb skin or a tender scar (risk: 1 in 10). This usually gets better but may be permanent.
- Damage to the ulnar nerve that supplies your little finger and controls fine hand movement (risk: 1 in 5). This usually gets better but may be permanent.
- Infection of the bone caused by an infection around a screw or plate (risk: 1 in 100). You will need a course of antibiotics or another operation.
- The bones move out of position or fail to heal. You may need another operation to fix the bones in a good position again (risk: 1 in 20).
- Bone forming in soft tissue causing stiffness in your elbow (risk: 1 in 10).

- Severe pain, stiffness and loss of use of your arm, elbow or hand (complex regional pain syndrome). The cause is not known. You may need further treatment including painkillers and physiotherapy. It can take months or years to improve. You may be able to reduce this risk by taking a 500mg vitamin C tablet each day for 6 weeks after the operation.

How soon will I recover?

In hospital

After the operation you will be transferred to the recovery area and then to the ward.

Keep your wound dry for 4 to 5 days, and use a waterproof dressing when you have a bath or shower.

The healthcare team will tell you if you need to have any stitches removed or dressings changed.

You should be able to go home the same day. However, your doctor may recommend that you stay a little longer.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

Returning to normal activities

The healthcare team will tell you when you can return to normal activities.

Keep your elbow raised for the first week so that the swelling settles. It is important to move your elbow, hand and fingers to help reduce any stiffness.

The fracture usually heals in about a month. If your surgeon used an external fixator, they will usually remove it in the outpatient clinic. This procedure does not need another anaesthetic.

You may need more physiotherapy if your elbow is stiff.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Do not drive until you are confident about controlling your vehicle and always check your insurance policy and with your doctor.

The future

Most people make a good recovery and are able to return to normal activities. However, full recovery can take many months.

The injury can cause you to lose some movement in your elbow permanently but you should be able to return to normal activities. About 1 in 25 people develops arthritis in their elbow but this does not often need any treatment.

Summary

For some types of elbow fracture, an operation is the best way to make sure the bones heal in a good position.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Acknowledgements

Reviewer: Adam Watts (MBBS, FRCS)

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