INDICATIONS FOR ELBOW ARTHROSCOPY

Peter B Rauh
Mayday Hospital
16 July, 1999
INTRODUCTION

- Burman (1931) “unsuitable for examination”
- Watanabe (1970) developed the 1.7mm scope
- 1980’s: clinical use of the arthroscope in the elbow reported
- 1990’s: technically advanced equipment and surgical experience has established elbow arthroscopy as a useful diagnostic and therapeutic procedure
INDICATIONS

1 EXTRACTION OF LOOSE / FOREIGN BODIES

trauma

osteophytes

synovial chondromatosis

osteochochondritis desicans

most common and beneficial indication
INDICATIONS

2 TREATMENT OF OSTEOCHONDRAL LESIONS

trauma

Panner’s disease- osteochondritis desicans of the capitellum

treatment options: debridement, abrasion chondroplasty, drilling or internal fixation
INDICATIONS

3 TREATMENT OF OSTEOARTHRITIS

degenerative / post-traumatic

lavage of joint debris

osteophyte removal (ant. and post. compartments)
INDICATIONS

4 VALGUS EXTENSION OVERLOAD

repetitive valgus stress (throwing) leads to osteochondral changes in the distal humerus and olecranon

postero-medial mechanical symptoms/
osteophytes

beware of ulnar collateral ligament instability

avoid shavers in postero-medial joint
INDICATIONS

5. SYNOVECTOMY

30-50% of rheumatoid patients have elbow pain and poor ROM.

Good and lasting improvement with sub-total synovectomy.

Rx of synovial chondromatosis (loose bodies and synovectomy).

Synovial biopsy.
INDICATIONS

6 ARTHROFIBROSIS
stiff elbows following trauma to bone/soft tissue
technically demanding procedure requiring experience
debride and release contracted capsule
INDICATIONS

7 DIVISION OF LATERAL SYNOVIAL PLICA

plica mimics loose body or lateral epicondylitis

several small series report good results following division
INDICATIONS

8 EVALUATION OF CHRONIC ELBOW PAIN

a relative indication when other investigative modalities prove negative

numerous studies have shown a poor diagnostic yield/ therapeutic benefit
INDICATIONS

9  FRACTURE FIXATION

arthroscopic assessment and assisted fixation described for the radial head, capitellum and coronoid process
time consuming, technically difficult and no evidence to support benefit versus open techniques
INDICATIONS

X LAVAGE OF A SEPTIC JOINT
CONTRAINDICATIONS

• Distortion of the normal anatomy of the elbow joint (bone and/or soft tissue)
  - bony deformity (congenital or post-traumatic)
    - bony/fibrous ankylosis
• previous elbow surgery (ulnar nerve transposition)
• skin infection
• RSD
COMPLICATIONS

• Complications nearly always due to:
  - inexperience
  - poor technique
  - poor anatomical understanding

• neurological
• vascular
• infection
FUTURE

• Elbow arthroscopy is now standardized and reproducible
• treatment options include:
  - tennis elbow
  - ligamentous procedures for instability
  - fracture fixation with bio-absorbable devices
  - joint replacement
THANK YOU