

Elbow Osteoarthritis

Lateral X-ray showing osteoarthritis of the elbow — joint space narrowing and bone spur formation.

Kieran Hirpara 4.0



What you're feeling

You may notice that your elbow aches, especially if you are a man over 40 who does heavy manual work. This wear-and-tear arthritis is more common in older adults and men. A past injury to the elbow also raises your risk. You might feel pain when you try to straighten or bend your arm fully. The joint may feel stiff, making it hard to move through its full range.

Simple tasks can become frustrating. You might struggle to reach behind your back to fasten a bra or tuck in a shirt. Lifting objects can trigger sharp pain. Some people also feel tingling or numbness in their ring and little fingers. This happens because the ulnar nerve, which runs near the elbow, can get irritated by the changing joint structure.

Your symptoms may flare up after you have been using your arm for a while. Resting often brings relief. However, you might also wake up at night with discomfort. This pain can disrupt your sleep if you lie on that side. Your surgeon will look at your specific symptoms, age, and daily needs to decide the best path forward.

In the early stages, non-surgical treatments are usually the first step. These conservative measures can provide relief for many people. If pain persists at the extremes of movement, your surgeon might discuss arthroscopic surgery. This minimally invasive procedure can help clear out debris and improve motion. For severe cases where pain occurs throughout all movements, total elbow replacement may be considered. This is a major option reserved for specific situations due to potential complications. Your treatment plan will be tailored to your unique situation and functional demands.

What's actually happening

In your elbow, the smooth coating on your bone ends wears down. This is wear-and-tear arthritis. In most cases, this happens first in the main hinge part of your joint. The space between the bones narrows, especially where the forearm bones meet the upper arm bone. As the joint changes, small bony growths form. These are called bone spurs. They can block your movement. For example, a spur might hit another bone when you straighten your arm.

Your elbow relies on strong ligaments to stay stable. These ligaments act like ropes holding the bones together. If a ligament is weak or torn, the bones rub against each other in the wrong way. This extra stress speeds up the wear and tear. It can also cause pain and instability. Your surgeon looks at both the bone changes and the ligament health to understand your specific situation.

Sometimes, extra bone forms in the soft tissues around the joint after an injury or surgery. This is called heterotopic ossification. It can create a hard block that stops you from moving your elbow fully. This is different from the normal wear-and-tear process. It is a separate issue that your surgeon will check for if you have a mechanical block to movement.

The changes in your joint explain why you feel pain and stiffness. The loss of smooth cartilage means bones grind against each other. The bone spurs physically stop your arm from moving freely. The ligament issues make the joint feel loose or unstable. Understanding these specific changes helps your surgeon choose the right treatment for you.

What we can do about it

Nonoperative treatment remains the first step in the early management of elbow osteoarthritis. Nonsurgical management may provide relief in early stages of elbow arthritis. Your surgeon will likely recommend self-care and physiotherapy before considering other options. These measures aim to reduce pain and maintain your current range of motion. You can use ice or heat to soothe stiffness. Gentle exercises help keep the joint moving without causing further damage. Give this approach enough time to work before moving to stronger treatments.

If simple measures are not enough, your surgeon may discuss medical management. This often includes pain medication and anti-inflammatory drugs to help you manage daily discomfort. In some cases, injections may be offered. Cortisone injections can reduce inflammation and pain for a limited time. Hyaluronic acid injections aim to lubricate the joint, though evidence for long-term benefit varies. Platelet-rich plasma (PRP) injections use your own blood components to promote healing, but results are not guaranteed. Your surgeon will advise which option suits your specific condition and pain levels.

Surgery is considered when conservative care has reached its limit and symptoms remain disabling. The appropriate treatment for elbow arthritis depends on the etiology, severity, patient age, and functional demands. For many patients, surgical debridement is an effective treatment for the disabling symptoms of primary elbow osteoarthritis with an acceptable complication rate. This procedure involves removing bone spurs and inflamed tissue to improve movement and reduce pain. It is safe and effective in the treatment of elbow osteoarthritis. Arthroscopic debridement provides satisfactory pain relief, improvement of elbow motion, and good functional outcome. In more severe cases where the joint is significantly damaged, total elbow replacement may be an option. This involves replacing the damaged joint surfaces with artificial components. Interposition arthroplasty is another option for some patients, using tissue grafts to cushion the joint. Your surgeon will determine the best surgical path based on your individual needs and the stage of your disease.

What to expect

Your journey with elbow wear-and-tear arthritis usually begins with non-surgical care. This is the standard first step for early symptoms. Your surgeon will tailor a plan based on your age, how severe the damage is, and what you need your arm for. In the early stages, rest, therapy, and other non-surgical methods often provide meaningful relief. Many people find their symptoms settle enough to manage daily life without surgery.

If conservative measures do not hold back the pain or stiffness, your surgeon may discuss surgical options. The right choice depends on whether the arthritis came from an old injury or developed naturally, and how much motion you still have. For mild to moderate cases, arthroscopic osteocapsular arthroplasty (a keyhole procedure to remove bone spurs and tighten the joint capsule) is a safe and effective path. It typically improves pain and function with a low risk of complications. Open surgery offers similar results in experienced hands, though some patients may experience a return of stiffness over time.

For more advanced disease, joint replacement is an option for select patients. However, total elbow replacement is generally not recommended for active individuals. It carries higher complication rates and does not last as long under heavy use. If you are younger or very active with severe post-traumatic arthritis, partial replacement (hemiarthroplasty) might be considered. Be aware that this approach has high rates of needing revision surgery later.

Overall, most patients undergoing debridement (cleaning out the joint) report satisfactory function and pain relief in the short to medium term. While range of motion may decrease slightly between short- and medium-term follow-up after some arthroscopic procedures, the trade-off is often worth it for pain reduction. If left untreated, arthritis tends to progress, leading to increasing stiffness and pain. With proper management, you can expect a significant improvement in quality of life, though you must accept that some loss of motion or need for future procedures is possible depending on the severity of your condition.

When to see someone

See your GP if you have persistent elbow pain that does not improve with rest. Ask for a specialist review if you experience weakness, instability, or locking in the joint. Symptoms that interfere with your sleep or work also warrant attention. Sudden worsening of pain is another reason to seek care. Elbow osteoarthritis is common, affecting 55.0% of people aged 40 years or older. It often causes pain and limited movement. Early nonoperative treatment can help in the early stages. Your surgeon will tailor treatment to your age, severity, and daily demands. Do not ignore symptoms that affect your daily life.