

Elbow Ligament Reconstruction (Stabilisation)

At-a-glance recovery. Pooled from 20 published studies — your own pace will vary.

LIGHT DUTIES	MOST EVERYDAY ACTIVITIES	FINAL OUTCOME PLATEAU
desk work, driving, daily tasks	manual work, sport, gym	pain and strength
2-6 weeks	5-7 months	9-16 months
Protected motion in a brace early; desk work quickly, full arc of motion targeted by about week 6.	For repair (with internal-brace augmentation) a structured return runs to sport at about 5-7 months; manual work in that window as guided.	After a reconstruction, competitive throwing/contact sport commonly takes 9-16 months — the graft matures slowly and the timeline should be set expectation-first.

Why this operation has been suggested

Dr Kieran Hirpara, an upper-limb surgeon at Mater Private Hospital Rockhampton, starts with the least invasive options that suit your condition. Elbow ligament reconstruction is an operation that replaces or tightens a worn or torn ligament with a new piece of tissue, so the elbow holds together properly again. We usually suggest it when your elbow still feels unstable after other treatment, or when it needs to be held awkwardly, bent past 50 to 60 degrees, just to stay in place. Some injuries, such as a dislocation with broken bones, may need surgery straight away to hold the joint steady while it heals.

Patients are generally referred to our clinic by their GP; if a physiotherapist has suggested you see us, you will still need a referral from your GP in order to be eligible for the Medicare rebate. We assess your history, examine your elbow, and arrange scans where needed. If the ligament on the outside of the elbow is the problem, reconstruction restores normal elbow function and, in about 85% of cases, restores stability. The aim is a stable, functional, pain-free elbow that moves well enough for daily life.

Before the operation

We plan your operation around scans. These usually include X-rays, and sometimes an MRI (a scan that shows soft tissues such as ligaments) or an ultrasound. Before the day itself, there are a few practical things to sort out.

Stop eating and drinking seven hours before your operation. We ask for seven hours rather than six so you can be brought forward if the theatre list runs early. Your surgeon will tell you which medications to stop and when. Bring a list of everything you take. Arrange someone to drive you home, and wear loose, comfortable clothing. If you have other medical conditions, you may need blood tests or a review with the anaesthetist (the doctor who gives your anaesthetic).

On the day

You arrive at the hospital's surgical admissions unit, where you are checked in and prepared for theatre. You will meet the anaesthetist, who will go through your medical history and answer any questions. This operation is done under general anaesthetic. A regional nerve block is sometimes added for post-operative pain relief; the anaesthetist will discuss this with you on the day. You are then taken into the operating theatre, where the operation is performed.

When the operation is finished, you wake up in the recovery area. Nurses will monitor you while the anaesthetic wears off. Once you are stable, you will either move to a ward or go home, depending on the procedure and how your recovery is going. How long you stay is covered in 'After the operation'.

What the operation involves

The exact steps depend on which ligament is torn and whether any bones were injured. Your surgeon repairs or rebuilds the damaged structures one at a time, working from the deepest layer to the surface. Broken pieces of bone are held in place with small metal implants, and if the bone at the top of the radius (one of the two forearm bones) is badly broken, it may be replaced with an implant rather than repaired. Torn ligaments are stitched back onto the bone, or rebuilt with a new piece of tendon tissue if they are too worn to hold stitches.

The ligament on the outside of the elbow, which does most of the work keeping the joint steady, gets particular attention. Sometimes the surgeon can tighten and re-stitch it through small keyhole cuts using a camera inside the joint. Other times a slightly bigger cut is needed, and a new ligament is built from a tendon graft, anchored to the bone in a way that spares the surrounding muscles and leaves the joint capsule (the lining of the joint) untouched. If the ligament on the inside of the elbow is the problem, the graft is shaped like a fan to match your own ligament, and care is taken not to disturb the bony bump on the inner elbow where muscles attach.

If your elbow is still loose once everything is repaired, a temporary hinge may be placed across the joint to hold it steady while the tissues heal. The cuts are closed with stitches and covered with a dressing. Early movement is part of the plan: the repair is designed to be strong enough for your elbow to start moving soon after surgery, because keeping it still for more than three weeks tends to leave it stiff.

After the operation

You will wake up in the recovery ward, where nurses keep an eye on you as the anaesthetic wears off. Pain relief is tailored to you, and your nurses will check in regularly to keep you comfortable. Your arm will be in a sling or

a protective dressing, and you can get up and move around with help soon after. Please arrange for someone to stay with you for the first 24 hours. Your team will tell you whether you go home the same day or stay one night in hospital. We leave the dressing on for about 10 days; please do not take it off before then unless we tell you to. We change or remove it when we see you.

Recovery

For the first few days your elbow will be sore and swollen, and the skin may bruise down towards your hand. This is normal and settles steadily. Keeping your hand raised on pillows, even while you sleep, helps the swelling go down. Take the pain relief as directed rather than waiting for the pain to build.

You will go home with your arm in a sling for comfort. You can get up, walk around, and use your hand for light tasks such as eating and typing as soon as it feels comfortable. The dressing stays on for about 10 days; we change or remove it when we see you. Your first hand therapy appointment is with Ruby Doolan at Extend Rehabilitation. She is a hand therapist who will guide your exercises and make any splint you need. Early, gentle movement is the goal: the repair is designed to be strong enough for your elbow to start bending soon after surgery, because keeping it still too long tends to leave it stiff.

As the swelling settles, the exercises grow. You will work on straightening and bending the elbow, then turning your palm up and down. Grip strength comes back later. Once you can grip and lift without pain, everyday tasks feel normal again, and heavier work, sport and gym training follow as your strength returns. Your timeline may differ; your surgeon and your therapist will guide you.

What can go wrong

Most patients do well, but problems can occasionally happen. Your surgeon and the team monitor you closely to spot any issue early.

The nerve that runs along the inside of your elbow can be irritated by the operation. This can cause tingling, pins and needles, or numbness in your little and ring fingers. Some of this is expected while the nerve block wears off in the first 24 hours. If numbness or weakness lasts beyond that, call the clinic. If you cannot move your hand or fingers once the block has worn off, call the clinic.

The new ligament can loosen or fail, which makes the elbow feel unstable again, as if it might give way. If your elbow starts to feel loose or slips out of place, contact the clinic.

The elbow can become stiff after surgery. You might notice it not straightening or bending as far as it should, or feeling tight and hard to move. Raise this at your next review, as exercises or further treatment may help.

Infection is uncommon but serious. Watch for fever, redness that spreads out from the wound, or fluid or pus leaking from it. Call the clinic the same day if you notice any of these. Pain that keeps getting worse despite your pain medicines also needs a same-day call to the clinic.

Where a tendon graft is taken from, that spot can be sore or slow to settle, and the skin there can occasionally get infected. If the graft site becomes red, painful or leaks fluid, call the clinic the same day.

Some elbows develop arthritis in the joint over time after a bad injury. This can feel like a deep ache, or a grinding or clicking sensation when you move. Mention it at your next review so it can be assessed.

The complications table on this page lists typical rates if you want the specifics.

When to call us

Call the clinic if you notice fever, spreading redness around the wound, or fluid or pus leaking from it. Call the same day if pain keeps getting worse despite your pain medicines. Go to the emergency department if you have calf swelling or pain, or shortness of breath, as these can be signs of a blood clot. Numbness or weakness in the first 24 hours after a nerve block is expected. If it lasts beyond that, call the clinic. If you cannot reach us out of hours or on a weekend, go to your nearest emergency department.

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Complication rates from published literature

Pooled from 20 published studies. These are population-level rates, not your individual risk — your surgeon will discuss what applies to you.

COMPLICATION	REPORTED RATE	NOTES
ulnar nerve symptoms	12%	Pooled minor complications after UCL reconstruction/repair are 11.9%, dominated by ulnar nerve paraesthesia, medial elbow pain and superficial wound problems; the nerve is in the operative field on the medial side.
persistent or recurrent instability	—	The failure mode the operation exists to prevent; higher with poor tissue or missed associated injury.
internal joint stabilizer removal	12%	Where an IJS device is used: 12% reoperation for implant failure and a 30% overall complication rate in the comparative series; the device is usually removed electively, and 46% of patients had an additional procedure done at the same sitting as removal.
graft-site morbidity	—	Where a tendon graft is harvested; reported as uncommon and minor, not separately quantified in the pooled analyses.
stiffness	—	Some loss of terminal extension is common after any elbow ligament surgery.

I have read this information and have had the opportunity to ask Dr Hirpara questions about the procedure, its expected recovery, and the complications listed above.

PATIENT — PRINT NAME

SIGNATURE

DATE