Orthopaedic Connection

Dislocation of the Elbow

By Thomas J. Haverbush, M.D.
Orthopaedic Surgeon

Translating patient information into patient understanding.

The elbow is the most commonly dislocated joint in children. In adults it is the second most commonly dislocated joint. The shoulder and finger joints are tied for first.

Typically the mechanism of elbow dislocation is a fall on the outstretched hand. 80% of the time the elbow dislocates posteriorly or backwards and to the side.

The elbow cannot dislocate without disruption of ligaments which are the soft tissue restraints.

What else?
Fractures of the radial head sometimes occur as well as other areas of the elbow less well known than the radial head. The other structures that may be injured are the brachial artery, median and ulnar nerves.

Symptoms
If there has been a fall on an outstretched hand and an elbow dislocation has occurred there will be extreme pain, abnormal appearance, swelling and inability to bend the elbow.

Diagnosis
The elbow will have a deformed appearance and be very tender. Before doing anything but observation the most important part of the exam is to check for the pulse at the wrist and determine how the three big nerves in the arm are working. If any of the vessels or nerves are damaged it is important to know before the dislocation is treated.

X-rays
If you read Orthopaedic Connection at all you know what is next. Plain x-rays are adequate to make the diagnosis. Sometimes fractures can happen with the dislocation so I need to know this. There can be a broken piece of bone in the joint.

Treatment
If the plain x-rays have shown no fractures it is often possible for medical personnel in the Emergency Department to reduce the dislocation with deep sedation.
If the elbow won’t reduce with gentle manipulation then a trip to the operating room and a general anesthetic are in order.

Surgery
If there are fractures about the elbow I often need to pin the fracture back in place with some stainless steel pins. These are cut off beneath the skin and are usually removed in 4 – 6 weeks.
There are other injuries that can occur to the ligaments and articular cartilage also.

Then what?
When the elbow is back in place a long arm well padded splint is always placed. If no pins or ligament repair was needed gentle motion can start in about one week and progress gradually over 3 -6 weeks with office management. These are not trivial injuries and require careful initial management and follow up.
My patients put their trust in me and what I do improves the quality of their lives.

Office Website and Gratiot County Herald Archive

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Good health. Good life. All the best to you.

Be well.

315 Warwick Drive
Alma, Michigan 48801
Phone 989-463-6092 for an appointment

Dr. Haverbush