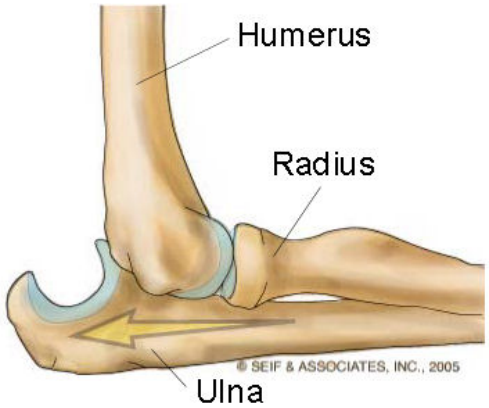
Elbow Dislocation (Uncomplicated)

A dislocation of the elbow means that the elbow has come out of joint. This can usually be put back into place (*reduced*) rather easily. Sometimes *fractures* (break in bone) may be present and if they are small, may be treated conservatively. That means that only a sling or splint may be required for two to three weeks, and often the elbow is put through early range of motion exercises to prevent the elbow from getting stiff. If fractures are large and not stable, an operation may be required to put the bones back into proper position and fix them in place with pins or screws. One other complication of a dislocated elbow is possible injury to the vessels in the elbow. If circulation is damaged sometimes immediate surgery is required to repair this.



DIAGNOSIS

The *diagnosis* (learning what is wrong) of a dislocated elbow is made by exam, but x-rays may need to be taken before and after treatment to make sure other injuries are not present.

INSTRUCTIONS AND INFORMATION PRIOR TO REDUCTION USING GENERAL ANESTHETIC, (SLEEPING DURING PROCEDURE)

RISKS: Some of these risks of elbow dislocation are:

- Vessel Injury
- Stiffness of elbow following injury
- Failure to heal properly

LET YOUR CAREGIVERS KNOW ABOUT THE FOLLOWING:

- Allergies
- Previous surgery
- Medication Taken
- Possibility of pregnancy

PROCEDURE

Your caregiver will decide whether you elbow will need repair in surgery or in the emergency room. You will be given an anesthetic which will keep you pain free during the reduction. If a general anesthetic or sedation is given you will sleep through the procedure. When you wake, you will be taken to the recovery area where a nurse will monitor your progress or you will be monitored in the emergency room. When you are awake, stable, taking fluids well, and without complications, you will be allowed to return to your room or go home.

HOME CARE INSTRUCTIONS

- Apply ice to the injury for 15 to 20 minutes four times per day for 2 days. Put the ice in a plastic bag and place a thin towel between the bag of ice and your cast.
- If you have a plaster or fiberglass ***cast***:
  - Do not try to scratch the skin under the cast using sharp or pointed objects.
  - Check the skin around the cast every day. You may put lotion on any red or sore areas.
  - Keep your cast dry and clean.
- If you have a plaster ***splint***:
  - Wear the splint as directed.
  - You may loosen the elastic or *ace bandage* (stretchy, elastic wrapping bandage) around the splint if your fingers become numb, tingle, or turn cold or blue.
- Do not put pressure on any part of your cast or splint until it is fully hardened.

- Your cast or splint can be protected during bathing with a plastic bag. Do not lower the cast or splint into water.
- Only take over-the-counter or prescription medicines for pain, discomfort, or fever as directed by your caregiver.
- Keeping all follow-up appointments is critical to avoid loss of function of the elbow or possibly chronic pain or disability. Keep all appointments as prescribed by your caregiver.
- Use elbow and arm only as directed.

SEEK IMMEDIATE MEDICAL CARE IF :

- You develop increasing pain in the elbow or arm which is not relieved with medications.
- Your fingers or hand get numb or turn cold and blue and this is not relieved by loosening the ace or elastic wrap if one is present.

MAKE SURE YOU:

- Understand these instructions.
- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

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