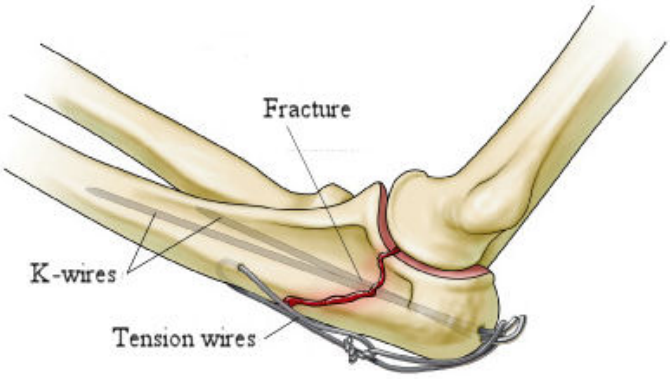
Elbow Fracture with Open Reduction and Internal Fixation (ORIF)

A *fracture* (break in bone) of the elbow means one of the bones that comprises the elbow is broken. If fractures are not displaced (separated), they may be treated conservatively. That means that only a sling or splint may be required for two to three weeks. Often, elbow fractures are treated by 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 hold them in place with:

- Pins.
- Plates.
- Screws.

This is called open reduction and internal fixation (ORIF). The main goal of treating a fractured elbow is to get the bones back into position and keep them in place. This goal gives the best chance of an elbow that:

- Works as normally as possible.
- Has the optimum range of motion.



© SEIF & ASSOCIATES, INC., 2005

DIAGNOSIS

The diagnosis of a fractured elbow is made by x-ray. These will be required before and after the elbow is fixed.

RISKS:

All surgery is associated with risks. Some of these risks are:

- Excessive bleeding.
- Failure to heal properly (*non-union*).
- Infection.
- Stiffness of elbow following injury.
- Damage to one of the nerves around the elbow producing numbness or weakness.

LET YOUR CAREGIVERS KNOW ABOUT THE FOLLOWING:

- Allergies.
- Medications taken including herbs, eye drops, over the counter medications, and creams.
- Use of steroids (by mouth or creams).
- Previous problems with anesthetics or novocaine.
- Any numbness or tingling in your hand/forearm.
- Possibility of pregnancy, if this applies.
- History of blood clots (*thrombophlebitis*).
- History of bleeding or blood problems.
- Previous surgery.
- Other health problems.
- Family history of anesthetic problems

PROCEDURE

You will be given an anesthetic which will keep you pain free during surgery. This will be accomplished by a general anesthetic (you go to sleep) or regional anesthesia (your arm is made numb). After the surgery you will be taken to the recovery area where a nurse will monitor your progress. When you are stable, taking fluids well and provided there are no complications, you will be allowed to return to your hospital room or possibly even go home.

AFTER THE PROCEDURE

- Only take over-the-counter or prescription medicines for pain, discomfort, or fever as directed by your

caregiver.

- You may use ice for 20 minutes, 4 times per day for the first day.
- Change dressings and see your caregiver as directed.
- Your caregiver will instruct you when to begin using and exercising your arm and elbow.

SEEK IMMEDIATE CARE IF:

- There is redness, swelling, or increasing pain in the surgical area.
- Pus, blood or unusual drainage is coming from the area or is visible on the dressings or cast.
- An unexplained oral temperature above 101.5º F (38.6º C) develops.
- You notice a foul smell coming from the surgical site or dressing.
- The wound breaks open (edges are not staying together) after stitches have been removed.
- You develop increasing pain or increasing pain with motion of your fingers.
- There is numbness or tingling in your hand or forearm.
- You have any other questions or concerns following surgery.

Document Released: 04/07/2004 Document Re-Released: 04/05/2010
ExitCare® Patient Information ©2011 ExitCare, LLC.