

# **LIGAMENT INJURIES OF THE ELBOW AND ELBOW LUXATION**

## DISLOCATION OF THE ELBOW

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## Ligament Injuries of the Elbow and Elbow Luxation (Dislocation of the Elbow)

If we fall on the extended elbow, we risk first of all an injury to our wrist or shoulder. Occasionally, however, large forces of leverage or compression can also affect the elbow. This can lead not only to an injury to the bones, but also, as with the knee, to tears in the collateral ligaments and even complete dislocation of the joint. (Elbow dislocation)



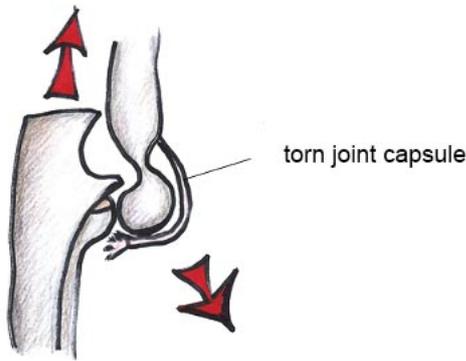
Such injuries are very painful at the beginning, however they may also lead to long-term complaints. If our elbow is no longer stable after an injury, we may not be able to support our arm.

Various sports activities, but also stresses and strains in everyday life and at work, can be considerably restricted. In the long term, the development of osteoarthritis (joint wear and tear) can also accelerate.

After a thorough physical examination, x-rays and, depending on the situation, a CT (computer tomogram = layered x-ray) or MRI (magnetic resonance imaging), we can assess the severity of your injury and decide on the further procedure.

### **Dislocation**

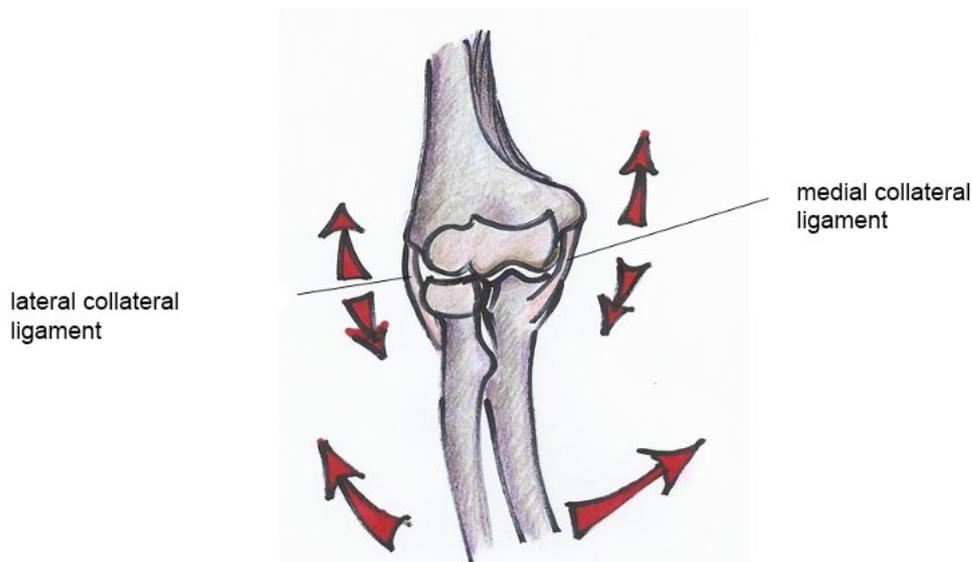
A complete dislocation of the elbow is very seldom. Similar to the shoulder joint, the joint is first put back in place and immobilized with a splint. After the initial pain has subsided and the swelling has been reduced, we must decide whether there is an increased risk of a new dislocation based on the examination and the imaging techniques listed above.



In such cases, a stabilizing operation is essential. We must also rule out a serious injury to the collateral ligaments, which would have to be operated on either freshly or after an initial healing phase.

## Rupture of the Collateral Ligaments and Instability

However, the collateral ligaments can also tear without complete dislocation. A rupture of the outer collateral ligament (lateral collateral ligament) leads to instability and often to pain during support and application of force in the event of poor healing. Tearing of the inner collateral ligament (medial collateral ligament) likewise leads to pain and instability during support.



Typically, the sweeping motion and in particular the throwing motion is considerably impaired. Racket sports such as tennis and badminton can often no longer be practiced.

Torn collateral ligaments can be reattached within the first weeks. In case of a longer existing instability the ligaments are scarred to such an extent that they can no longer be sewn with sufficient safety and stability. In such a circumstance we perform a so-called ligament plastic surgery. In this procedure, a tendon strip is clamped in the area of the former collateral ligament (similar to the cruciate ligament plastic surgery), which later takes over the function of the collateral ligament.

## Follow-up Treatment

In all these stabilizing procedures, consistent immobilization during the first 6 weeks and the subsequent movement therapy is of great importance. Similarly, the return to physical exertion and sport is carried out in small steps.

### Kontakt

#### SHOULDER-TEAM

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