

TRAUMA

Elbow fractures

Assessment and recovery after radial head, olecranon or distal humerus fractures, including injuries with an unstable or dislocated elbow.

Patient information, treatment choices, risks, recovery and a space to record your individual plan.

Understanding your injury

The elbow is formed by the humerus, radius and ulna. Fractures may involve the radial head, the olecranon at the elbow tip, or the lower humerus. Some accompany a dislocation or ligament injury. Examination checks wounds, circulation, nerves, elbow stability and the rest of the arm. X-rays identify the injury; CT may help plan complex joint reconstruction. The exact pattern determines treatment.

Treatment and the procedure

Selected stable fractures can be treated with a sling, splint or brace and controlled movement. Displaced or unstable injuries may require fixation with plates, screws or wires and repair of associated soft tissues. A badly fragmented radial head may need replacement. Selected severe distal humerus fractures may be treated with elbow replacement, which brings long-term activity restrictions. Some displaced olecranon fractures in lower-demand patients can be managed without surgery after discussion.

Benefits, risks and expectations

If surgery is planned, discuss bleeding, anaesthetic risks and complex regional pain syndrome as well as the risks specific to your injury. Your general health and the extent of surgery affect your personal risk.

- Treatment aims for a stable elbow with useful bending, straightening and forearm rotation. Stiffness is common, and some loss of movement may persist even when the fracture heals.
- Discuss infection, wound problems, nerve or vessel injury, delayed healing, nonunion, loss of fixation, metalwork irritation and further surgery.
- Cartilage damage can lead to post-traumatic arthritis. More complex injuries may need prolonged therapy or further treatment for stiffness or instability. Replacement introduces its own implant risks and loading limits.

RECOVERY AND YOUR CONSULTATION

Elbow fractures

Use this guidance to prepare your individual plan with the treating team.

Rehabilitation and aftercare

The repair's stability determines when movement begins and how long a splint or brace is needed. Follow the surgeon's written limits for lifting, pushing, pulling and forearm rotation. Do not use the injured arm to push up from a chair unless authorised. Physiotherapy or occupational therapy balances movement with protection of healing tissues. Keep dressings protected and move uninjured fingers and joints as instructed. Return to driving, work and sport needs individual assessment.

When to get urgent help

- Go to A&E for a cold or discoloured hand, worsening numbness or weakness, or severe increasing pain. Seek prompt advice about fever, wound discharge or a tight splint.
- Call 999 for chest pain or severe breathlessness.

Your consultation

Ask which bones and ligaments are injured, how stable the elbow is, what movement is permitted and whether further procedures are expected. The guide supports individual consent and rehabilitation planning.

Sources and further reading

AAOS: Radial head fractures

<https://www.orthoinfo.org/diseases--conditions/radial-head-fractures-of-the-elbow>

AAOS: Olecranon fractures

<https://www.orthoinfo.org/diseases--conditions/elbow-olecranon-fractures/>

AAOS: Distal humerus fractures

<https://www.orthoinfo.org/diseases--conditions/distal-humerus-fractures-of-the-elbow>

NHS: Broken arm or wrist

<https://www.nhs.uk/conditions/broken-arm-or-wrist/>

NHS: Pulmonary embolism

<https://www.nhs.uk/conditions/pulmonary-embolism/>

CLINICIAN-COMPLETED WORKSHEET

Your consent discussion

Elbow fractures

This blank worksheet is not an executed consent. Complete it after clinical assessment with the treating clinician. The hospital or clinic must also complete its required consent process before treatment.

Patient name / identifier, date of assessment and communication support needed

Diagnosis, affected side / site and the proposed procedure or treatment

Reasonable alternatives discussed, including the option of no treatment

Expected benefit for this patient, limits of treatment and uncertainties

Material risks and personal risk factors - record the risks that matter to this patient

Patient's priorities, questions, understanding and agreed decision / time to consider

Treating clinician name, role and signature / date

Patient / representative name, signature and date - acknowledgement of discussion only

A signature here records a discussion; it does not replace a completed treatment consent form. You may ask further questions or change your decision before treatment.

CLINICIAN-COMPLETED WORKSHEET

Your rehabilitation and aftercare plan

Elbow fractures

Complete this plan after assessment. The advice must match your injury or operation, imaging, wound and medical history. Do not start limb loading, remove protection or change medicines using an uncompleted worksheet.

Limb loading / weight bearing, walking aids, sling / cast / boot / brace and protection

Wound / dressing care, bathing, elevation and swelling advice

Medicines, pain relief, clot prevention and any treatment-specific restrictions

Exercises, physiotherapy, range of movement and progression criteria

Work, driving, sport and daily activities - individual restrictions / review points

Review date, imaging / tests, named clinician and routine / out-of-hours contact details

Clinician completing this plan, signature / date and patient questions

When to seek urgent help

Go to A&E for a cold or discoloured hand, worsening numbness or weakness, or severe increasing pain. Seek prompt advice about fever, wound discharge or a tight splint. Call 999 for chest pain or severe breathlessness.