

Introduction

The OK procedure is a technique to improve pain and movement in a stiff, arthritic elbow or to remove loose bits of bone inside the joint. It can be a useful alternative to an elbow replacement for some patients, as it is simpler and provides a much quicker recovery.

A short incision is made at the back of the elbow and the triceps is split lengthways to gain access to the olecranon. Any loose bone can be removed from the back of the joint at this stage. The olecranon tip is then exposed and any spurs of bone are removed, restoring the ability of the elbow to straighten. A small hole is then made directly through a thin plate of bone in the lower end of the humerus. Through this hole, access is available to the front of the joint and loose bone can usually be removed through this hole. The bone that is removed to make this window is not load bearing and there is no risk of fracturing the humerus by making a hole at this point. The joint is then washed out to remove any small debris and the triceps muscles repaired before the skin is closed using absorbable sutures. A drain may be inserted.

Contraindications

There are no contraindications following this operation

Inpatients

- Document range of movement (ROM) achieved at elbow during the operation (if available from op notes) and post-operation .
- Advise to use ice and elevation to reduce any swelling (if appropriate).
- Teach scapulae setting and neck, shoulder, wrist and hand exercises.
- Active exercises at elbow including flexion, extension, pronation and supination when drain is removed. Reinforce the importance of performing the exercises regularly on D/C
- Advise patient to use arm and hand for light activities with no lifting .
- Provision of sling and to inform the patient to disregard when comfortable.
- Refer to Physio Outpatients as soon as possible, ideally within 1 week.
- Some patients require Mayo brace for night time for 3 months (see post-operative note), locked in extension as comfortable.

Outpatient

- Increase ROM and strength as comfort allows
- Advise patient to use arm and hand for light activities with no lifting

Milestones at 2 weeks:

- Pain, inflammation and muscle inhibition well managed
- Return to pre-operative sleep patterns
- At least pre-operative passive ROM

Milestones at 6 weeks:

- At least pre-operative active ROM

Returning to Activities

- Light duties: 4 weeks
- Heavy duties: 6 weeks