



# Degenerative Joint Disease of the Elbow

## Arthroscopic Management

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### INTRODUCTION

Elbow arthroscopy has steadily gained popularity in the past 3 decades as clinical applications have expanded. Significant improvements in instrumentation and surgical technique have allowed it to become a safe and reproducible procedure. Previous indications have been limited to diagnostic arthroscopy and loose body removal, yet elbow arthroscopy has recently proved to be an essential tool in managing elbow arthritis, stiffness, trauma, and soft tissue pathology. An accurate history and physical examination are paramount in determining case selection, whereas many of the intraoperative positioning and surgical techniques outlined in this section remain essential in helping to provide safe and successful patient outcomes.

### INDICATIONS

The indications for elbow arthroscopy are numerous. In the setting of arthritis, indications include extraction of loose bodies, debridement of osteoarthritis, synovectomy of rheumatoid arthritis, and contracture release.

### *Contraindications*

Relative contraindications include submuscular or intramuscular transposition of the ulnar nerve. If these procedures have been performed previously, magnetic resonance imaging or ultrasound imaging of the ulnar nerve should be performed prior to arthroscopy to determine the exact location of the nerve. Instead of a standard portal on the medial side, a small incision is used to ensure that any exposure of the nerve is identified. Although not necessarily a contraindication, prior subcutaneous nerve transposition necessitates nerve path inspection via palpation, ultrasound, or exposure prior to incision.<sup>1</sup> Previous surgery, especially in the setting of an anterolateral