Elbow dysplasia surgery

Medial compartment disease and related elbow problems | Dogs

Elbow dysplasia describes several problems with the way the elbow develops. Treatment aims to reduce pain and improve movement, but cannot always stop arthritis.

About the procedure

What is elbow dysplasia?

Three bones meet at the elbow: the humerus, radius and ulna. During growth, differences in their shape or fit can overload parts of the joint. A small part of the ulna called the medial coronoid process may become damaged; cartilage may separate from underlying bone (OCD); or another part of the ulna may fail to unite properly. These problems can occur together. Both elbows may be affected, even when only one leg seems lame.

What signs and tests are important?

Dogs may limp on a front leg, turn the paw out, be stiff after resting or avoid long walks. Some young dogs have subtle signs. Examination and X-rays help identify elbow pain and arthritis. CT is particularly useful to assess small bone fragments, joint shape and some forms of incongruity. Arthroscopy can examine the cartilage directly and may reveal damage not apparent on scans.

Which operation might help?

Damaged or loose fragments may be removed by arthroscopy or an open approach. If the bones do not fit well, a planned cut in the ulna (ulnar osteotomy) may help selected dogs. In other cases, surgery aims to transfer pressure away from the most damaged area: examples include a sliding humeral osteotomy or a proximal abducting ulnar osteotomy. A cartilage defect may need separate treatment. The choice depends on age, joint fit, cartilage damage and the exact diagnosis.

Is surgery always the answer?

No. Many dogs need long-term weight management, suitable exercise, medication and rehabilitation, whether or not they undergo surgery. If arthritis is advanced or the expected benefit is limited, non-surgical management may be preferable. Surgery cannot reliably remove all arthritis or prevent it from progressing.

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Recovery, risks and home care

Recovery and home care

Expected outcome

Improvement is variable: removing damaged tissue or changing load does not restore already lost cartilage. Long-term arthritis management is often necessary.

Home management

Follow the specific procedure plan. After arthroscopy alone, gentle controlled movement may be introduced early. If an osteotomy was performed, protect the healing bone with strict activity restriction. Prevent jumping and rough play, use non-slip flooring, give prescribed pain relief and protect wounds. Maintain a lean body condition to reduce joint loading.

Follow-up and long-term expectations

An early wound check is usual. Bone procedures often need repeat X-rays around 6–8 weeks and further imaging if healing is incomplete; the restriction period may extend to 8–12 weeks or more. With arthroscopy alone, follow-up focuses on comfort and function. Your dog may need ongoing arthritis care, regular controlled exercise and periodic review of both elbows.

When should I call?

Seek advice if your dog becomes suddenly more lame, the elbow becomes hot or swollen, the wound leaks or there is no expected progress. Further investigation may be needed if pain persists despite treatment.

Questions to ask your vet

Which elbow abnormality is causing pain? What does the cartilage look like? Is surgery intended to remove fragments or change joint loading?

Discussing risks and complications

As with any surgical procedure, complications can occur. Your surgeon will discuss the possible complications, individual risks and expected outcome for your pet during the pre-operative consultation.

General anaesthesia can cause serious complications, including death. Your veterinary team will explain individual risks and alternatives.

Your veterinary team will discuss the recommended treatment, alternatives and the risks of general anaesthesia for your individual pet.

Important information

Check the wound daily; prevent licking and keep it dry. Give prescribed medicines only. Report vomiting, diarrhoea, poor appetite or increasing illness. For breathing difficulty, collapse, uncontrolled bleeding or severe distress, seek emergency care immediately.

Follow the personalised discharge plan; this sheet is not a consent form. Contact your own practice or its out-of-hours service for urgent care.