Elbow Plasty

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Elbow plasty diagnosis background

- Elbow wrinkling in the extended forearm: excessive and inelastic skin.
- Patient unable or unwilling to wear short sleeves or no sleeves.
- “OldAge” stigma.

Elbow Markings Methods

- Pinch the skin with the forearm extended at 180 degrees.
- Flex the arm slowly while the skin escapes the pinching fingers.
- Mark the proximal and distal point of cooptation of the skin on 90 degrees flexion of the elbow.

- The position of the ellipse of excision varies according to the location of the excess of skin.
- Elliptical curved or straight excision depending on the excess-location (straight if the excess is over the bony prominence of the radius, taper the edges to avoid a dog ear).

Technique

- Local infiltration with xylocaine 1% c epinephrine 1/100000.
- Skin ellipse excision.
- Skin undermining superiorly and inferiorly depending on the skin excess and laxity.
- Closure in two layers.
- Subcuticular closure.

- Avoid the ulnar nerve
- Closure in two layers
- Avoid dog ears

Results

Before

After

Post op care

- Limit full arm flexion for a week to ten days.
- Reduce the extent of flexion for 3 weeks.
- Long term taping of the wound to prevent breakdown or scar widening.

Complications

- Hematoma
- Dog ears
- Scar widening

Elbow plasty

- Limited elbow flexion for three weeks, compressive circular bandages sub cuticular closure.

Conclusion

- A new simple technique for rejuvenation of the elbows.