

Figure 1

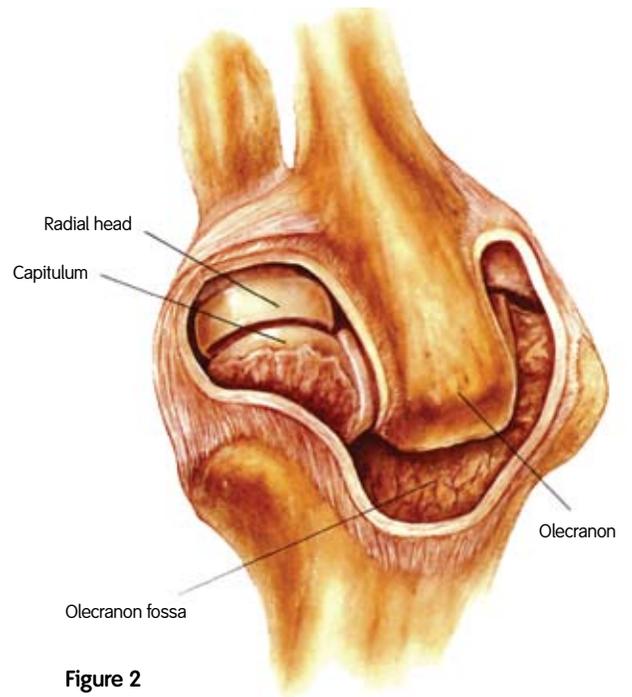


Figure 2

Locating Portals

Elbow arthroscopy is performed through a few standard portals. Additional accessory portals may be established if necessary. Arthroscopy in the anterior compartment may be performed through two, three, or four portals (Figure 1). Anterior medial and lateral portals may be used alone or in conjunction with proximal medial and/or lateral portals. Posteriorly, the olecranon fossa is typically approached with a posterolateral and mid-triceps portal (Figures 2 and 3). The posterolateral portal is unnecessary if visualization of the fossa is adequate using the direct lateral portal. If the patient has undergone a previous ulnar nerve transposition, and the nerve is identified through a mini-open incision, the surgeon can safely establish a posterior medial portal.

It is common to have the anterolateral portal placed 1 cm distal and 1 cm anterior to the lateral epicondyle and the anteromedial portal placed 2 cm distal and 2 cm anterior to the medial epicondyle. The surgeon should not rely solely on these types of measurements. The most important principles in creating portals include:

- Understanding the anatomy of the elbow
- Palpating the anatomy
- Understanding the direction to the joint

Make all incisions with a #15 blade through the skin only. Perform dissection and capsule penetration using a hemostat. Once the portals are established anteriorly, carefully maintain them with cannulas since reestablishing lost anterior portals increases the risk of injury to nearby neurovascular structures.

