

CUBITAL TUNNEL SYNDROME & CUBITAL TUNNEL DECOMPRESSION

This information aims to help you understand your condition and gain maximum benefit from your treatment. It covers the most commonly asked questions. However, every individual is different, and you should ask as many questions as you like.

ANATOMY

The ulnar nerve runs along the inside of your elbow and is the nerve that produces a shock down the arm when you bump your funny bone. It winds around the inside of the elbow behind the 'funny bone' in a tunnel (the cubital tunnel). The floor and walls of the tunnel are composed of bone and the roof of the tunnel is a ligament.

CUBITAL TUNNEL SYNDROME

Cubital tunnel syndrome occurs when the nerve is compressed in the tunnel. The reason this occurs is often unknown. Previous injury or elbow arthritis are rarer causes.

It may cause numbness and pain in the hand and pain on the inner side of the elbow. This is usually intermittent but can become constant if it worsens. Often the symptoms can be provoked by leaning on the elbow or holding the elbow in a bent position (e.g. on the telephone). Sleeping with the elbow bent can also aggravate the symptoms.

In the later stages, the numbness is constant and the hand becomes weak. There may be visible loss of muscle bulk in severe cases, particularly noticeable on the back of the hand between the thumb and first finger, with loss of strength and dexterity.

NON-OPERATIVE TREATMENT

If there is a particular activity that causes symptoms it should be avoided.

If symptoms are mainly at night, a lightweight plastic splint or a towel wrapped around the elbow to stop it bending may be worn. The nerve can be protected from external pressure with a soft cushioning pad worn around the elbow.

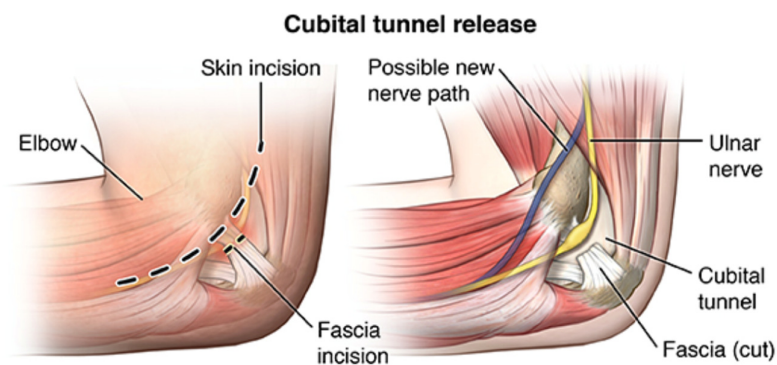
THE OPERATION

The aim of surgery is to relieve the compression on the nerve by cutting the ligament that forms the roof to the tunnel. Surgery is generally performed if symptoms are constant or severe.

The surgery may be performed as an open or endoscopic operation. The results of both techniques are very similar.

At the end of the decompression, the elbow is bent and straightened to ensure that the nerve does not slip forward out of its groove behind the elbow. If it does the nerve needs to be permanently brought forward (ulnar nerve transposition).

You will come to hospital on the day of surgery. You will have a general anaesthetic. A nerve block may also be used. The surgery usually takes 30 minutes.



AFTER SURGERY

You may go home either on the same day as surgery (usually) or the following day (occasionally)

You will see a physiotherapist before you leave hospital.

If needed the dressings will be changed before you leave hospital.

Further general information is available in the 'Information for patients undergoing surgery' leaflet.

The final result may not be realised for up to a year but most of the recovery occurs in the first 3 months.

APPOINTMENTS AFTER SURGERY WITH DR SMITH

10-14 days; 6 weeks, 3 months, 6 months, 12 months.

REHABILITATION EXERCISES

Specific rehabilitation exercise sheets will be given to you in hospital.

The elbow can be used as pain allows immediately after the surgery.

RETURN TO WORK/SPORTS

Work (light duties / office)	1-2 weeks
Driving	1-2 weeks
Work (manual)	1 month
Light lifting	1-2 months
Heavy lifting	1 month

DRIVING

You can drive when you feel that you have full control of the vehicle. It is your responsibility to make this decision.

LIKELY OUTCOMES

The main aim of surgery is to improve painful pins and needles and to prevent symptoms getting worse.

Pins and needles and numbness frequently improves, though the improvement may be slow.

Surgery generally prevents worsening of the muscle weakness, but improvements in muscle strength are often slow and incomplete.

Patient satisfaction rates after surgery are around 95%.