

Patient Information Sheet

Ulnar Nerve Release and Decompression for Cubital Tunnel Syndrome

What's the Problem?

The ulnar nerve is a major nerve to the hand. It supplies sensation to the little and ring fingers, as well as most of the muscles which allow for fine motor control of the hand. As it passes down the arm, it winds around the inside of the elbow, and can often become compressed by a variety of structures. This leads to pins and needles in the fingers, numbness and weakness/clumsiness of the hand. Sometimes, a clawing of the little and ring finger can develop. This is known as Cubital Tunnel Syndrome.

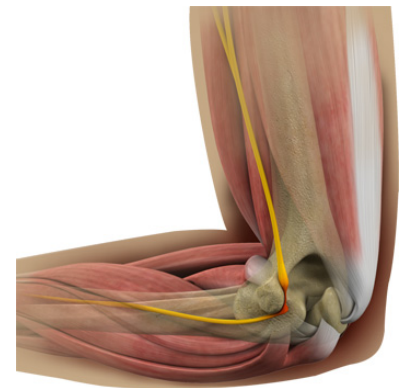


How can you treat it?

In some instances, non-surgical treatment is appropriate. Physio to mobilise the elbow and surrounding muscles/tendons as well as hand therapy for the fingers may be useful. Ultimately, surgery is only reserved for patients whose symptoms do not resolve with non-operative measures.

The Operation:

An ulnar nerve release involves an incision over the inside of the elbow, along the path of the nerve. Mr Lau uses magnification lenses to closely observe the nerve and ensure it is not damaged as it is released from roughly midway down the arm to midway down the forearm (although the incision is usually only 5-6cm). Although it is possible to do this operation via keyhole means, Mr Lau prefers an open procedure as he feels it is the most reliable way to ensure the entire nerve is released. Sometimes, if the nerve is unstable in its groove after the release, Mr Lau will transpose or move it to the front of the elbow, to prevent it from moving during flexion and extension.



The Anaesthetic:

You will be asleep for the duration of the operation (ie a general anaesthetic). Mr Lau will put local anaesthetic into the wound whilst you are asleep, which can also help reduce pain.

What are the Risks of this Operation?

- **Infection:**
Usually only a superficial wound infection to the top-most layer of the skin. In rarer cases a deep infection can develop and this is a serious complication that may require further surgery. Rare but serious, ~1%.
- **Stiffness and ongoing pain:**
It is common to have a little stiffness for a few months after the operation and in some cases the elbow may not be able to straighten fully. This is because your elbow tends to stiffen again with fibrous or scar tissue after surgery. Physio will help with improving movement, but some elbow rehabilitation will be required.
- **Damage to the other nerves and blood vessels around the elbow.**
Rare but serious, <1%
- **Slow recovery of the Ulnar Nerve**
Nerves are slow to recover – they do so at approximately 1mm per day, and so it may take ~3 months or so for the nerve to fully re-awaken after it is decompressed. Depending on the state of the ulnar nerve, muscle wasting in the hand may not be reversed fully by releasing the nerve. Never-the-less, decompression is still worthwhile because it can lessen the symptoms, and prevent them from worsening.

Benefits:

If Mr Lau recommends an ulnar nerve release, it is because he feels you will have a better outcome with surgery. In particular, your numbness and tingling should resolve, the strength of your hand improve and any clawing of the little and ring fingers should correct.

What can I expect?

You will wake up with your arm in a sling after your surgery. The nurses will provide you pain relief and a physio will see you to go through some exercises you can do to mobilise the fingers, elbow and wrist to prevent excessive stiffness in these joints. These exercises will change over the next few weeks to months but you should try to do them regularly to maximise your rehabilitation. There are generally no restrictions to lifting or range of motion about the elbow after this operation and a sling need only be used for your comfort.

Most patients feel comfortable to go home the same day as surgery, although if you are too sore, an overnight stay is easily arranged. An appointment will be made for you for a wound check at 2 weeks. At this time, the dressings will be removed and you should just need to be in a sling for comfort. Another appointment with Mr Lau will be at 6 weeks.

What should I avoid doing?

- In the first 2 weeks:
Keep your wound dry. Try to mobilise your fingers, elbow and wrist as much as possible
- Between 2 and 6 weeks:
Your arm will be in a sling, which you can gradually use less and less. There are no restrictions to bending or lifting the elbow

Return to...?

- **Work**
Depends what you do. Desk based work can be done from 2 weeks post operatively, if you can do these tasks single handedly. Otherwise generally 6 weeks before you can use both hands freely whilst seated.
- **Drive**
In Australia, you can't drive unless you are in full control of both your arms. Therefore, whilst you're in a sling, you cannot drive. Generally 6 weeks post operatively.
- **Sports/Hobbies:**
 - Gentle swimming: after 6 weeks
 - Gardening (light tasks only): 6 weeks
 - Bowls: after 6 weeks
 - Golf, tennis, badminton, squash: after 3 months
 - Weights: commence after 6 weeks

Concerns or Questions?

If you have any concerns post operatively, or you would like further information, please contact Mr Lau through the VBJS on 03 5752 5020 or via email at admin@vbjs.com.au