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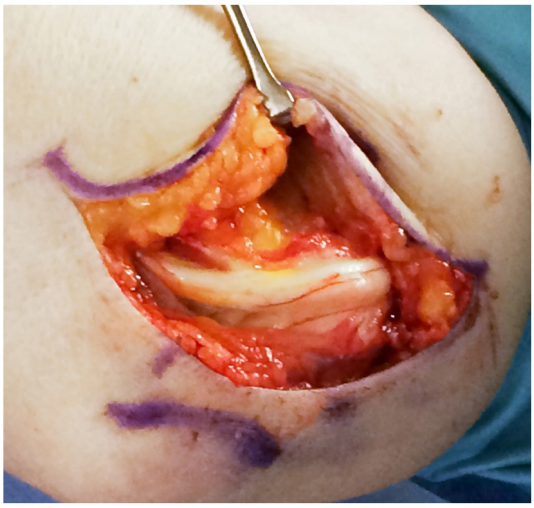
PD HAND SURGERY



Ulnar nerve cubital tunnel syndrome

Cubital Tunnel Syndrome

This condition arises when the ulnar nerve gets compressed as it passes through a narrow tunnel at the elbow causing symptoms in the hand. It can cause tingling and numbness in the little and ring fingers and also cause weakness of grip because it supplies important forearm and hand muscles. Initially the symptoms may be intermittent but if it remains untreated then there can be a permanent loss of sensation and loss of grip strength which cannot be relieved by surgery. Like most nerve problems it is therefore appropriate to act on this when the symptoms are annoying or interfering with life but before they become permanent.

The best solution for a nerve that is trapped in a tunnel that is too tight is to release the nerve to make more space. This procedure can be performed as day case procedure under regional anaesthetic with sedation. The simplest operation that can be performed is a release of the ligament and surrounding tissues that are trapping the nerve around the elbow. A more complex procedure where the nerve is moved out of the tunnel and re-routed (transposition) is appropriate in patients who have subluxation (flicking) of the nerve or already have severe symptoms.

After surgery, patients are discharged home with a bulky dressing around the elbow. The hand is left completely free. You are allowed to move the elbow gently during the recovery phase but because the scar will feel tender and it is quite common to get a lot of bruising around the elbow, your activities may well be limited. The bulky dressing can be removed after five days and replaced with a simple self-adhesive dressing. At ten days you are allowed to get the wound wet. The sutures are absorbable and should fall out on their own at this stage. Most people are driving a car about a week after surgery as long as they feel safe and in control of the vehicle.

The recovery from ulnar nerve surgery is sometimes rapid in terms of the sensation and grip strength returning but if there has been severe pressure on the nerve for some time then steady improvement can occur for up to eighteen months after the nerve is released. This is because the point at which the nerve is trapped is quite remote from the part of the body that it supplies. Nerve conduction studies are usually performed prior to any surgery on the ulnar nerve at the elbow and it is therefore possible to give a good indication of what the outcome is likely to be prior to surgery. Even in severe cases the surgery can help prevent any further deterioration which can still be of benefit even if the nerve does not have the potential to fully recover.

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