Cubital tunnel syndrome

What is it?

TThe ulnar nerve runs in a tunnel on the inner side of the elbow. Pressure on the nerve cuts off its blood supply and changes the way it works, causing unpleasant numbness, tingling and pain in the ring and little fingers. In severe or established cases there may be weakness of grip and pinch.

The problem is most noticeable when the elbow is flexed – for example when driving, holding a telephone, reading or sleeping.

How is it diagnosed?

Cubital tunnel syndrome is diagnosed on the basis of the history described above, and by clinical examination. Diagnosis can be confirmed with electrical (neurophysiological) tests, which measure the speed of tiny electric impulses along the nerve.

What is my approach to treatment?

If the problem is mild it can be controlled by an injection and wearing a splint at night or during daily activities. However, if nerve compression is severe or longstanding, surgery is recommended.If the problem is mild it can be controlled by wearing a splint at night which maintains the elbow in a straight position. If symptoms persist or are severe, surgery is recommended. There are many different operations described for this condition. These can be discussed at your first consultation.

What does an operation involve?

Surgery is normally carried out as a day case under general anaesthetic. A tourniquet is applied to the upper arm, providing a clear view of the operating field for surgery. The ulnar nerve is carefully exposed above and below the elbow. The fibrous roof overlying the cubital tunnel is divided. In severe cases, muscles and tendons on the inner side of the elbow are elevated so that the nerve can be placed beneath them, further relieving tension and/or compression on the nerve to protect it. The tendons are then repaired.

Bleeding is controlled and the skin closed with non-absorbable sutures. A long acting local anaesthetic injection is then administered to provide pain relief. Finally, a dressing, bandaging and a sling are applied.

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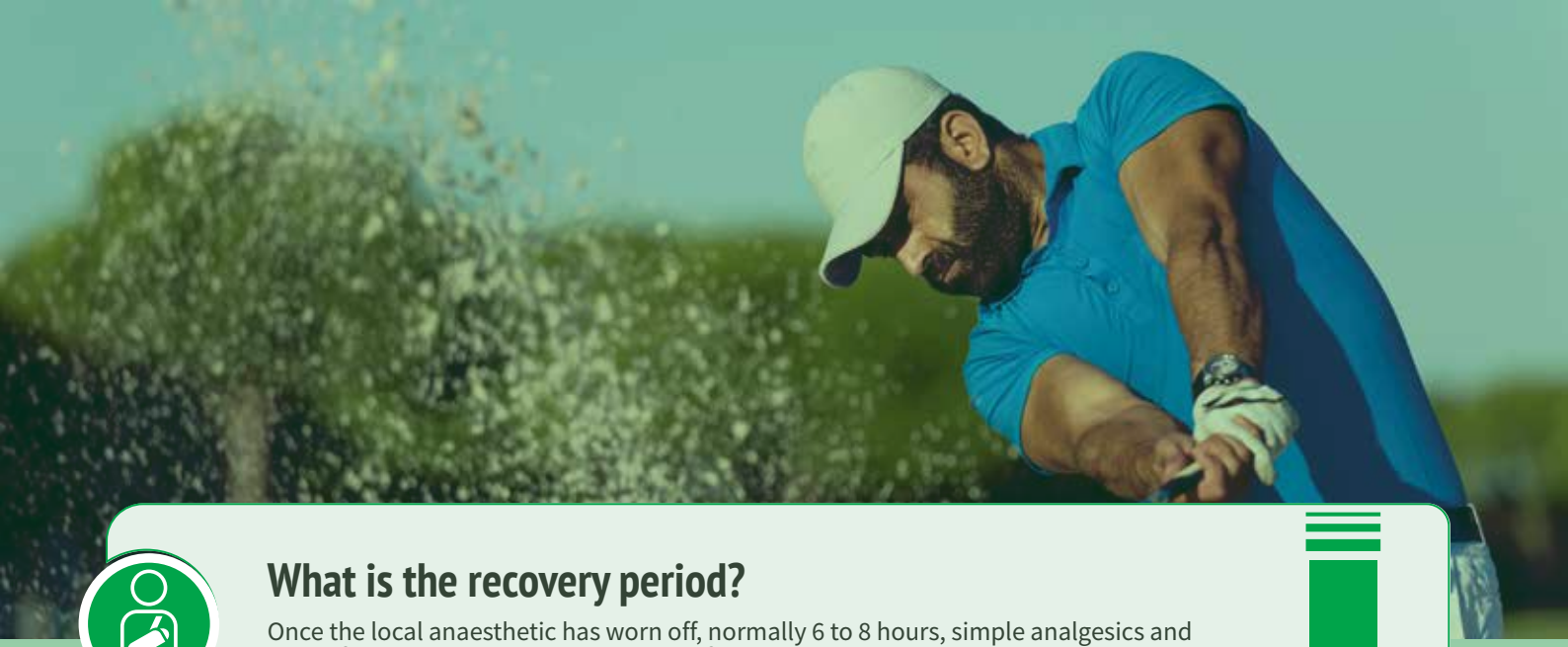

What is the recovery period?

Once the local anaesthetic has worn off, normally 6 to 8 hours, simple analgesics and anti-inflammatory tablets may be used if necessary. The elbow is kept in a sling and controlled exercises begin with a physiotherapist.

Bandaging is reduced after 5 to 7 days. Sutures are removed in the clinic at two weeks. It should then be possible to wet the elbow. Prior to this it's possible to shower by keeping the extremity dry with a plastic bag secured over the limb using an elastic band or a purpose made shower cover.

Most pain and swelling will have settled within four weeks after surgery.

Driving is usually possible after 3-4 weeks.

When a patient is ready to return to work depends on their specific job role and may also vary from individual to individual. It may be possible to return to light keyboard work towards the end of the second week. In simple release, heavy manual work may be possible at 4-6 weeks.

In severe cases when the nerve is buried beneath the muscles heavy many work may not be possible for 3-4 months.

Are there any possible complications?

Over 90% of patients are satisfied with the final result.

Although this may take a full 18 months. However, as with any treatment, there are always risks involved: infection: 2%, chronic regional pain syndrome: 2%, recurrence: 1% nerve injury: Less than 1%. Incomplete nerve recovery may occur in severe or long standing cases. You can discuss this further at your first consultation.

Insurance fee assured:

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