



Cubital Tunnel Syndrome

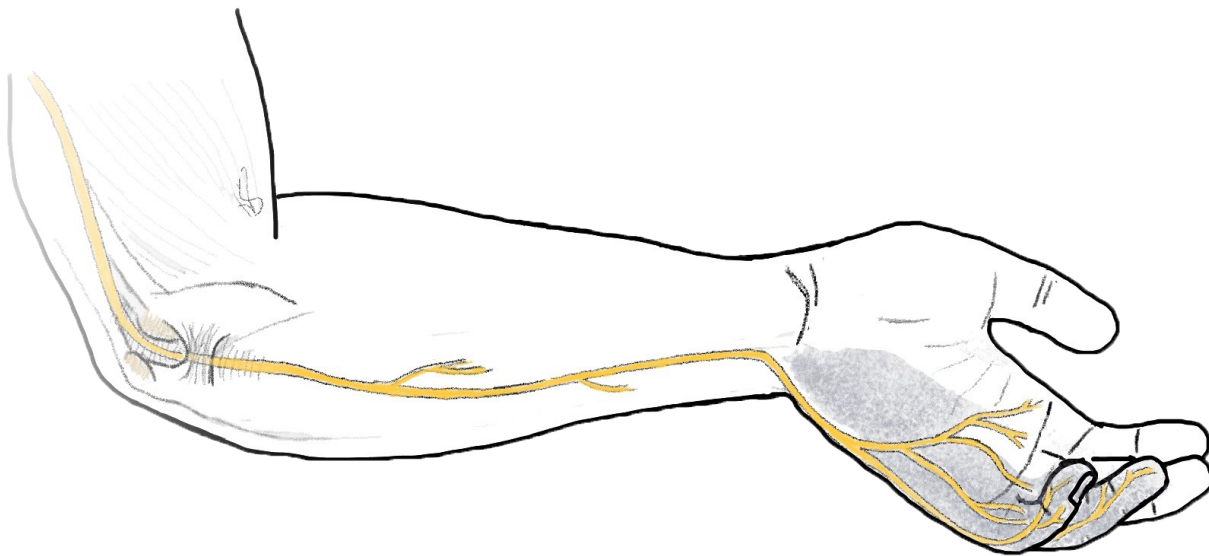
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> About this leaflet

This leaflet tells you about Cubital Tunnel Syndrome, its causes and treatments. It does not replace any information given to you by your surgeon or health care team.

> About Cubital Tunnel Syndrome

Cubital Tunnel Syndrome is an irritation or compression of the ulnar nerve in a tunnel at the back of the inside of the elbow – where your ‘funny bone’ is. The ulnar nerve provides sensation to the little finger and part of the ring finger as well as providing power to the small muscles within the hand.



Causes

In most people there is no obvious cause, but the tunnel can be narrowed by arthritis of the elbow joint or by an old injury. Many patients develop symptoms as a result of direct pressure over the ulnar nerve by leaning on the elbow, for example, when using a computer at a desk.

Symptoms

The first symptoms are usually pins and needles, tingling and numbness of the little and ring fingers. At first it is intermittent, but may later become constant. Symptoms are often provoked by leaning on the elbow or holding the elbow in a bent position, for example, while on the telephone. Sleeping with the elbow habitually bent can also aggravate the symptoms.

In the later stages, the numbness is constant and the hand becomes weak or clumsy. There may be visible loss of muscle bulk on the back of the hand.

Symptoms generally come and go and the condition will often settle completely with simple measures. You should avoid direct pressure on the nerve and avoid placing your elbow in a very bent position for long periods of time.

Treatment

Modify your activities

Modification of activity is the main treatment in the early stages. This should include an assessment of your workstation at work. Avoid prolonged periods with your elbow bent and modify any activity which puts direct pressure on the nerve.

Examples of this are:

- Place your computer keyboard at the edge of your desk.
- Do not use arm-rests on chairs (at work or when relaxing).
- Use the speaker or hands free option on your telephone.
- Place your tablet on the table or on a pillow or on your lap.
- Position your arm straight before you go to sleep, use your pillows to help.
- Lightly wrap a towel round your elbow to splint it straight when you sleep.

Surgery

In severe cases or cases which do not respond to non-surgical treatment options, surgery may be required to release the nerve. Surgery frequently improves the numbness but its main goal is to prevent worsening muscle weakness and wasting from occurring.

Surgery is performed as a day case under general anaesthetic or regional (local) anaesthetic block. A short incision is made over the nerve at the elbow and the thick fibrous tissue overlying the nerve is divided, taking pressure off the nerve. The wound is closed with dissolving stitches.

Recovery after surgery

After the surgery you will have a bulky bandage on your arm. After 5 days you will remove the bandage yourself and can get the wound wet in the shower. The stitches do not need to be removed.

The outcome will depend on the severity of the compression being treated. Numbness frequently improves, but this is often very slow. Improvements in muscle strength are often slow and incomplete, but surgery will generally prevent worsening of the muscle weakness.

In mild cases, you can expect there to be a full resolution of symptoms in most cases. In severe cases, the long-term outcome for nerve function is less predictable. The overall satisfaction rate at one year following surgery is 85%.

Returning to normal

Most people can return to work between one and four weeks after surgery, but if you have a heavy, manual job, you might need around six weeks off. We can give you a fit note if you need one.

Risks

All surgery carries a risk. These include, but are not limited to:

Infection: Most infections are treated with tablet antibiotics. It would be very uncommon to require treatment in hospital.

Nerve injury: There is very small risk that there could be an injury to the nerve during surgery. While the risk is very low, it could result in permanent pain, numbness or weakness, which could be worse than your symptoms before surgery.

Wound problems: Most wounds will heal completely within a couple of weeks, but this may be longer in some individuals. Scars can become wider and lumpy as they heal. Scars can also be tender, but this tends to resolve over time. You might have a numb patch of skin next to the scar. Some people have inflammation caused by the dissolving stitches under the skin, but this usually settles with time.

Bleeding or haematoma: There will be bruising around the elbow, which will usually heal with time. If there is a large haematoma it may leak out through the scar.

Complex regional pain syndrome: This rare complication is not fully understood, it is like a pain reflex that won't turn off. Treatment is reassurance, physiotherapy and special pain killers. Most cases will heal, but some people do have permanent life changing symptoms.

Contact

If you have any questions or concerns, please email handsurgery@gjnh.scot.nhs.uk or contact the orthopaedic clinic during office hours on 0141 951 5521. For out of hours, you should contact NHS 24.

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