
Cubital Tunnel Syndrome

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DELLON INSTITUTES FOR PERIPHERAL NERVE SURGERY®

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YOUR COMPLAINTS ARE

Numbness or tingling in the little/ring side of the front and back sides of your hand (blue area).

Weakness, clumsiness, and you may drop things. The hand goes to sleep while you are driving, holding the phone, or working.

Numbness and tingling may come and go or may be present all the time.

Thumb and index finger numbness are not part of the problem. If these fingers also are numb, you may have Carpal Tunnel Syndrome too (please see the *Carpal Tunnel* brochure for more information).

WHAT CAUSES YOUR COMPLAINTS?

A nerve crosses behind the elbow through a tunnel.

This nerve is called the *Ulnar Nerve*.

The nerve is the thickness of a pen.

When the elbow flexes (bends), the nerve gets pressed.

When the nerve gets pressed, blood flow to the nerve slows, blood flow decreases, and the nerve sends a message of numbness and tingling, or buzzing of the fingers.

When this occurs, the muscles also become weak.

TREATMENT WITHOUT SURGERY

Alter your activities so you do not bend your elbow so much. For example, wear a headset at work instead of using a regular phone headset.

Do not sleep with your elbow bent beneath you or under your pillow. Wrap a towel loosely around your elbow.

WHEN SHOULD I HAVE SURGERY?

When your fingers are numb most of the day.

When you begin to drop objects from your hand.

If your work requires a lot of time with your elbow flexed.

When you lose coordination in your hand: cannot cross your fingers easily, cannot button shirt buttons, or put on earrings.

When neurosensory testing with the Pressure-Specified Sensory Device™ (see the *Neurosensory Testing* brochure for more information) demonstrates nerves are dying.

WHAT IS THE SURGERY LIKE?

The surgery takes about one and one-half hours.

The surgery is performed as an outpatient.

The surgery is performed with general anesthesia.

An incision is made about three inches long, behind your elbow.

The structures that compress the ulnar nerve are released.

To prevent the ulnar nerve from further pressure within the cubital tunnel (“funny bone” region), the nerve is moved (transposed) to the front of the elbow.

To provide sufficient space in this new location, and to prevent the ulnar nerve from sliding back behind the elbow, an opening must be made through the muscles.

When the muscles are repositioned, they are lengthened, permitting you to use your hand and arm immediately after surgery for activities of daily living.

Local anesthesia is used after surgery, your fingers may be numb for four hours. Your pain is minimized.

You will wear a sling for a week during sleep and walking.

You can use your hand immediately.

CONTINUING THE SURGERY

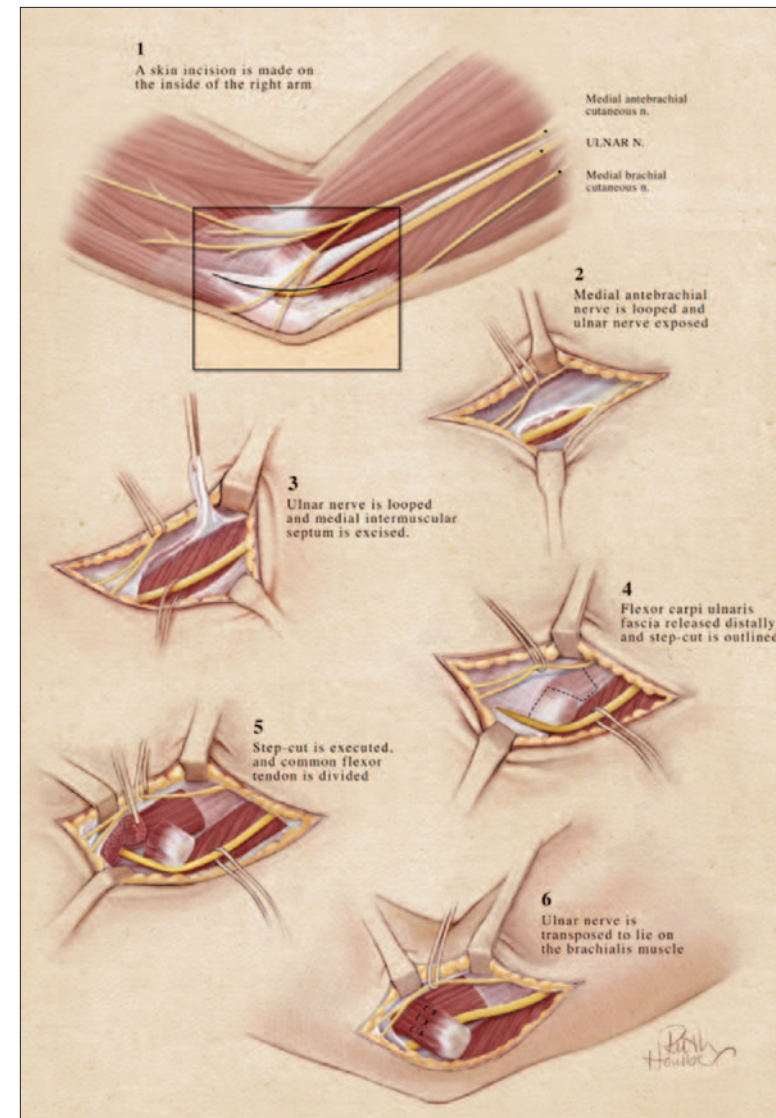


FIGURE ONE

Ulnar nerve going through the cubital tunnel in the region of the “funny bone” behind the elbow.

FIGURE FOUR

Ulnar nerve lifted from behind the elbow. Outline for the division of the muscles shown in dotted line.

FIGURE SIX

Ulnar nerve placed beneath the muscles, which are reconnected now in the lengthened position.

WHAT ARE THE RISKS OF SURGERY?

The published outcomes of the Dellon-approach to the treatment of cubital tunnel syndrome offer the best chance of success for relief of your symptoms. There are risks associated with every surgical procedure, such as the risk of anesthesia, bleeding and infection. Complications unique to submuscular transposition of the ulnar nerve at the elbow are:

- Unpredictable nature of the healing process (scar formation, elbow joint may be stiff).
- Painful scar due to entrapment of a nerve to the skin.
- Completely extending your elbow right after surgery can break the internal stitches.
- Wound healing can take longer if you are a diabetic.
- There may be remaining numbness in fingers.
- There may be remaining weakness in grip and pinch.
- It may take up to one year to achieve maximum relief.

WHO SHOULD DO THIS SURGERY?

Surgeons from the *Dellon Institutes for Peripheral Nerve Surgery*® have the most advanced training and experience doing this surgery, which offers you the best chance for success.

BEING ACADEMIC IN PRIVATE PRACTICESM

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