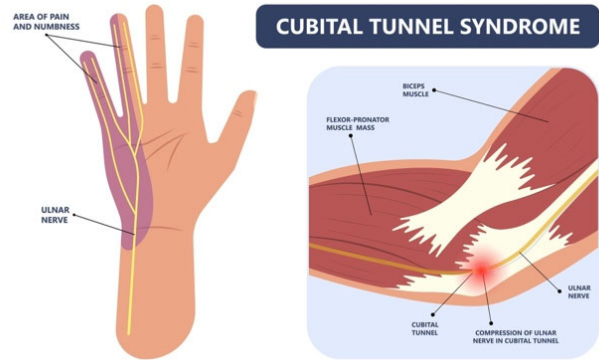


## Cubital Tunnel Surgery

### What is cubital tunnel syndrome?

Cubital tunnel syndrome results from compression of the ulnar nerve at the elbow. This nerve is often referred to as the “funny bone.” Symptoms include numbness, tingling, and sometimes pain into the 4<sup>th</sup> and 5<sup>th</sup> fingers of the hand (pinky side).



### When is surgical treatment of cubital tunnel syndrome necessary?

Surgery may become necessary when conservative treatment has failed to improve symptoms. This conservative treatment includes such things as anti-inflammatory medication, night splinting, and occupational therapy. Surgery may also become necessary if the nerve compression has become severe and there are signs of resulting nerve damage.

### What is the surgical treatment of cubital tunnel syndrome?

Surgical treatment of cubital tunnel syndrome consists of one or more procedures depending on the patient and the specific cause of the nerve irritation:

- Decompression involves releasing the soft tissue compressing the nerve.
- Nerve transposition involves moving the ulnar nerve from its position behind the elbow to the front of the elbow. This new position away from the back of the elbow makes the nerve less likely to get stretched or irritated.

### What is the surgical recovery?

Recovery from cubital tunnel surgery typically lasts about 3 months. Initially a splint along the back of the elbow may be used, but it is removable to allow early elbow motion. Sutures are removed at 10-14 days after the procedure. Strengthening is typically added to the motion in physical therapy after the first 6 weeks if the recovery is going well. Patients may return to more normal activities after 3 months. Patients will often see continued improvement in numbness and tingling for up to a year after surgery.