

SUSSEX SHOULDER & ELBOW

08

Ulna Nerve Surgery

What is Ulna Nerve Surgery?

The ulna nerve runs on the inside of the elbow. It is the nerve responsible for giving the tingling sensation in the forearm and hand that occurs when you 'bang your funny bone'. It is the most common nerve that gets compressed around the elbow and may require surgical decompression to alleviate the symptoms or prevent them getting worse.

What are the indications for ulna nerve decompression?

Compression and irritation of the ulna nerve at the elbow is called cubital tunnel syndrome (CTS). This results in numbness and tingling in the little and ring fingers and in severe cases causes weakness or wasting of the muscles in the hand. Surgery is recommended if these symptoms have failed to respond to non-surgical measures.

How is the ulna nerve decompressed?

The operation is performed under general anaesthetic or regional anaesthetic where the arm is numbed. An incision is made over the inside of the elbow and the thickened tissues over the nerve are released in full. Sometimes the nerve may be irritated because it is unstable (flicks in and out of the groove it normally lies in) or compressed by bony prominences around the groove. If this is the case your surgeon may move the nerve from its groove into a position where it is under less tension. This is called an ulna nerve transposition.

What can be expected on the day of surgery?

You will be admitted on the morning of the surgery and will be seen by your surgeon and the anaesthetist. You will be asked to sign a consent form for surgery and the details of the anaesthetic will be explained to you. The surgery takes 30-60 minutes and is done on a day case basis. When you wake up, you will have a bandage on the arm and a sling for comfort. The bulky bandaging can be removed at 72 hours after surgery but you should keep the wound covered and dry for 2 weeks.

What are the outcomes and risks of ulna nerve surgery?

Complications such as infection and stiffness are uncommon as is damage to the nerve during surgery. Although the outcome is good in most patients there are a few patients where the surgery may not fully alleviate your symptoms. Usually, these are patients who have very severe or longstanding pre-operative symptoms.

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