



Cubital tunnel syndrome

You have been diagnosed with cubital tunnel syndrome. This leaflet will explain what the condition is, outline treatment options (including surgery) and give advice / exercises to help you recover.

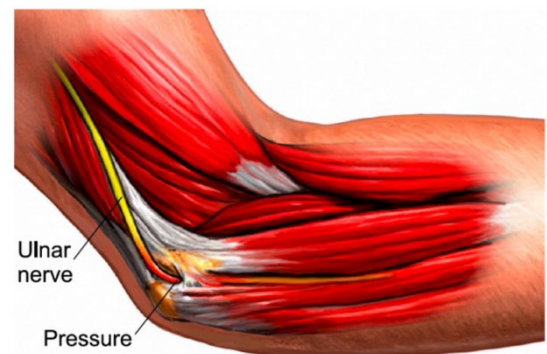
What is cubital tunnel syndrome?

In cubital tunnel syndrome, your ulnar nerve gets compressed / irritated around the inside of your elbow (near the 'funny bone'). This can result in the nerve not functioning properly. The ulnar nerve is one of three nerves leading to your hand. It is responsible for supplying sensation to half of your ring finger and the little finger, as well as the power to the small muscles of the hand. It plays an important role in hand function.

What causes cubital tunnel syndrome?

Causes for cubital tunnel can vary between individuals. Some of these include:

- Excessive or repeated bending movements to the elbow.
- Direct trauma or a previous elbow injury.
- Other pre-existing medical conditions – such as osteoarthritis, diabetes, hypothyroidism.
- Prolonged periods of keeping your elbow in one position.



Signs and symptoms of cubital tunnel syndrome:

Symptoms may initially come and go, most commonly affecting you in the early morning or late evening. These may gradually get worse and affect you throughout the day.

Common symptoms include numbness and tingling / pins and needles affecting the hand, in particular half the ring finger and the little finger. You may also experience pain directly over the elbow, or in your wrist / hand. You may notice reduced power and grip strength. In more severe cases, you may notice muscle wasting at the back of your hand / fingers.

Diagnosis

An orthopaedic doctor will diagnose you using a combination of a physical examination in clinic and further tests. These might include nerve conduction studies (where small wires called electrodes are placed on your skin to release tiny electric shocks to stimulate your nerves), to assess the function of your ulnar nerve. This can give us an idea of the severity of your cubital tunnel syndrome.

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How is cubital tunnel syndrome treated?

Most cases of mild to moderate cubital tunnel syndrome can be treated with a combination of measures such as pain relief, splinting and modifying your daily activities, like avoiding repeated bending motions at your elbow or resting your arm on armchair supports. Splinting can involve using towels and straps/tape to keep your elbow straight while you sleep (see photo, right). Your surgical team or hand physiotherapists can speak with you about the different splints and their uses in managing your cubital tunnel syndrome.



In severe cases that do not respond to the above measures, an operation may be recommended. The main aim of surgery is to decompress (release) the ulnar nerve at the elbow, to prevent your symptoms from getting worse.

What does surgery involve?

This operation can normally be done as a day case (you go home the same day). The doctor will explain the procedure to you and will go through the risks and benefits of the operation before you give your consent to go ahead with surgery. The surgery is either undertaken under general anaesthetic or a regional anaesthetic where you may be kept awake after numbing the arm. A small cut is made overlying the inside part of your elbow (near the funny bone). The tissue over the nerve is divided, decompressing the nerve, and creating space for it. Stitches will then be used to close the wound.

Advice following surgery

You will wear your arm in a sling following the procedure. For the first three days after surgery, it is extremely important to keep your arm elevated above the level of your heart to allow the swelling and bruising to go down. You can remove the bulky dressing over your elbow after three days. You must keep the wound dry for 10 days to allow the wound to heal adequately. If any stitches need removing, your surgeon will inform you of this and you should attend the appropriate appointments as scheduled. Occasionally, the scar from surgery can be painful and massaging it will help ease the pain.

Possible complications following surgery

Complications that can occur because of surgery include: pain and bleeding (common), infection (1-2%) and damage to nerves / blood vessels / tendons (rare). Nerve injury may result in loss of function and numbness, which may be permanent (rare). Other complications include lasting or returning symptoms and complex regional pain syndrome (again rare, where patients experience severe and debilitating pain). There is a possibility of not enough decompression of the nerve, which may result in the need for further operations.

When can I return to work?

This depends on the work that you do. For office work, you can return when you feel comfortable, often at 2-3 weeks. You should avoid anything which makes your arm uncomfortable. For manual work / jobs involving heavy lifting, you may need longer time off work (4-6 weeks). The doctor or nurse can provide you with a fit note, if you need one. Further fit notes can be obtained from your GP.

When can I return to driving?

You can drive when you are safe and able to control your vehicle without distraction. This is your decision; you can discuss this with your doctor or physiotherapist if unsure. The law is very clear that you have to be able to prove to the police that you are 'safe' to drive, so it is entirely your own responsibility and we cannot give you permission to drive.

Exercises following surgery

There are no specific exercises that you need to do. As long as you keep your fingers / wrist / elbow and shoulder moving, this will prevent stiffness and loss of hand function. By six weeks after the operation your elbow should be moving normally. If this is not the case, please contact us directly for further advice using the number or email below.

Further information

- www.readinghandsurgery.com
- The British Society for Surgery of the Hand (BSSH) <https://www.bssh.ac.uk/patients/>
- The Royal College of Surgeons of England have some patient information publications available on their website www.rcseng.ac.uk/patient_information

Contacting us

If you require any information or advice from the Hand Therapy Team, you can contact us at the Royal Berkshire Hospital during office hours Monday to Friday via the Clinical Administration Team (CAT 5): 0118 322 7415 or email rbb-tr.cat5@nhs.net.

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

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