

ULNAR NERVE RELEASE

General Comments:

Cubital Tunnel Syndrome or Ulnar Nerve Entrapment at the elbow is manifested by numbness and tingling into the ring and small fingers with associated pain and numbness in the forearm. More advanced cases may actually have atrophy of the intrinsic muscles of the hand. Patients with more advanced stages of neuropathy are expected to have a more prolonged recovery during the postoperative phase and in most cases are not expected to achieve normal recovery of strength. Typical patients with mild to moderate neuropathy are expected to fully recover and return to full duty without restrictions at approximately 10-12 weeks. Surgery is indicated in patients with mild neuropathy who have failed to respond to several months of conservative care and surgery is also indicated in those with accessory motor neuropathy showing prolonged motor latencies in the ulnar nerve distribution.

Day of Surgery:

Patients are placed in a light dressing. Active range of motion of the elbow is encouraged. Use of the hand is permitted for activities of daily living. Lifting is limited to 5 pounds. Patients are instructed to remove their dressing 24 to 48 hours after surgery and cover the wound with a light dressing and an ace wrap.

First Post-Op Visit: (5 to 7 days)

Dressings are removed and patients are provided with a light compression sleeve to wear over the arm and a heelbow elbow pad to wear during the day. Use of the heelbow pad is optional; it assists in managing incisional pain, which is expected in the early postoperative phase. Individuals working in light or sedentary occupations can return to work at this point with a 5 pound lifting restriction. Laborers are permitted to return to work with similar restrictions if light duty is available. Patients are encouraged to progressively gain full flexion and extension of the elbow. They are permitted to gradually increase their lifting as pain permits.

Second Post-Op Visit: (3 weeks)

At this point patients should have achieved full range of motion and should be performing scar desensitization exercises. Individuals showing lack of full range of motion or excessive incisional tenderness are referred to physical therapy for range of motion exercises. Patients that will be returning to labor occupations are referred to therapy for initiation of strengthening.

Third Post-Op Visit: (6 weeks)

At this point patients should have full range of motion of the elbow. Any individuals returning to a heavy labor occupation may have some residual weakness at this phase, but most should have achieved full function at this phase.

Fourth Post-Op Visit: (10-12 weeks)

At this point symptoms should be completely resolved and there may be some mild medial elbow pain or stiffness, but there should be no functional restrictions at this phase. Patients having difficulty returning to full duty will be placed at work hardening at this point. Most individuals should have achieved maximum medical improvement at this point. Patients are released from care.