SOUTHERN NEUROSURGERY

(470) 293-9800
southernneurosurgery.com

YOUR SURGERY PACKET

Ulnar Nerve Release (Cubital Tunnel Release)

Patient name: _____

Surgery date: _____

Surgery location: _____

Follow-up appointment: _____

What's in this packet

Part 1 - About Your Surgery: Ulnar Nerve Release pages 2-3
Part 2 - After Your Surgery: Ulnar Nerve Release pages 4-6
Part 3 - Questions After Surgery: Our 24/7 Virtual Assistant page 7

Before you go

- Read Part 1 before surgery so you know what to expect.
- Keep Part 2 handy at home. It covers recovery, medicines and when to call us.
- You will also get a separate Surgery Day Guide for the hospital or surgery center where your operation is scheduled. It has arrival and parking details.
- Have a question after surgery? Our Virtual Assistant answers 24/7 (see Part 3).
- Bring this packet to your appointments and write down your questions.

Questions? Our Virtual Assistant is available 24/7:
md-aid.com/c/southernneurosurgery · or call (470) 293-9800

For chest pain or trouble breathing, call 911 or go to the nearest ER.

This packet is for educational purposes only. It is not medical advice and does not replace individualized care from a licensed physician. Always follow the specific instructions Dr. Grunch and her team give you, and contact your provider about your personal symptoms.

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ABOUT YOUR SURGERY

Ulnar Nerve Release (Cubital Tunnel Release)

Numbness in your ring and small fingers, especially when your elbow is bent, can make it hard to sleep, type or hold a phone. Cubital tunnel release can often correct the problem by freeing the ulnar nerve at the elbow so it can heal.

What Is Ulnar Nerve Release?

The ulnar nerve, often called the “funny bone” nerve, runs along the inside of the elbow through a narrow space called the cubital tunnel. In cubital tunnel syndrome, the nerve is squeezed or stretched there, causing numbness and tingling in the ring and small fingers, elbow pain and hand weakness.

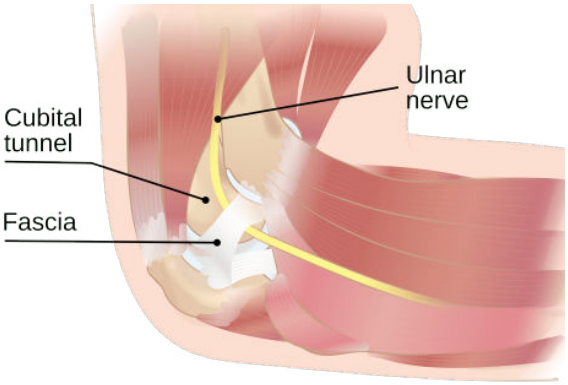

Image: InjuryMap, CC BY-SA 4.0, via Wikimedia Commons

Surgery relieves pressure on the nerve. Depending on what is found, it may involve:

- **Cubital tunnel release:** opening the band of tissue over the nerve to give it more room
- **Ulnar nerve transposition:** moving the nerve to the front of the elbow, so it isn't stretched when the elbow bends. This is often used when the nerve slips out of place or is under tension.

Dr. Grunch performs both, and chooses based on how your nerve behaves when your elbow bends.

Why Do I Need This Procedure?

Surgery is usually recommended when you have:

- Numbness and tingling in the ring and small fingers that don't improve with other treatment
- Hand weakness, clumsiness or trouble with fine movements
- Muscle wasting in the hand
- Nerve testing showing moderate or severe compression of the ulnar nerve

How Is Ulnar Nerve Release Performed?

- **Anesthesia:** An outpatient procedure, usually under general anesthesia or a nerve block.
- **Incision:** An incision is made along the inside of the elbow.
- **Releasing the nerve:** The tissue compressing the ulnar nerve is opened along its course.
- **Transposition, if needed:** The nerve is moved to the front of the elbow and held in a new position.

- **Closing:** The incision is closed and a dressing is applied.

Surgery usually takes about an hour, and you go home the same day.

How Long Will It Take Me to Recover?

- **First days:** Keep the arm raised. Some soreness at the elbow is expected.
- **Two weeks:** Follow-up visit and removal of any stitches.
- **Four to six weeks:** No lifting with the operated arm during this time. Most people then return to normal activities. Desk work is often possible within a week or two.
- **Up to a year:** Nerves heal slowly. Numbness, tingling and occasional pain can come and go during this time, but your symptoms should not be worse than before surgery. Tingling often improves before strength does.

Most people don't need a splint. Your surgical team will tell you if you do. Your post-operative guidelines explain incision care, swelling, activity limits and when to call our office.

Are There Any Potential Risks or Complications?

All treatment and outcome results are specific to the individual patient. Possible risks include:

- Numbness near the incision, which usually improves
- Infection or bleeding
- Elbow stiffness
- Symptoms that don't fully resolve, especially with long-standing compression
- Risks related to anesthesia

Please discuss any questions about these risks with Dr. Grunch or one of her physician assistants.

Questions after surgery? Our Virtual Assistant answers common questions 24/7 at md-aid.com/c/southernneurosurgery, or call our office at (470) 293-9800. For chest pain or trouble breathing, call 911.

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AFTER YOUR SURGERY

Postoperative Guidelines for an Ulnar Nerve Release

Incision care

- Your incision is closed with skin glue, which will eventually come off with time.
- It may also be closed with sutures (also called “stitches”) on the outside of your skin. These will be removed at your follow up appointment. If you have visible sutures, please leave them intact.
- You may remove the dressing on the 2nd day after surgery.
- You may get the incision wet showering after the dressing is removed. Do not scrub your wound, but gently cleanse it and pat dry.
- Do not submerge the incision into water or a tub for 6 weeks after surgery and scabs are absent.
- Leave the wound open to dry unless otherwise directed.
- It is normal to have a small amount of brown to reddish colored ooze for a few days.
- Do not apply ointments or creams to the incision.

Pain and Swelling Expectations

- It is normal to expect pain around the incision. That is why we prescribe medication to ease you through the healing process.
- This pain will get better with time as your body heals, so it is important to be patient as your body is healing.
- Swelling is expected after surgery. To reduce swelling, elevation is very helpful. Elevate the hand above the heart level for the first few days after surgery. Elevate for 30 minutes every 2-3 hours.
- It may take up to 1 year for the nerve to fully heal. During this time, it is normal to experience numbness, intermittent periods of pain, and tingling. However, it should not be worse than it was prior to surgery. You may also notice some numbness near the incision and elbow region. This will improve with time.

Medications

- You will be given a prescription for a pain medication.
- Do not take pain medication on an empty stomach. This may make you feel nauseated.
- Do not drink alcohol if you are taking pain medication.
- Most patients only need pain medication for a few days up to two weeks.
- If you feel that your pain is well tolerated, you may begin to wean yourself off of your pain medication sooner than your post-op visit.
- Because pain medication can cause constipation, it is important to have stool softeners and laxatives at home such as Colace or Senna to prevent constipation. Take the stool softener daily and use the laxative as needed.
- If you still have constipation after using these medicines, you may use an over-the-counter suppository or enema.

Medications to avoid

- NO blood thinners such as Aspirin, Coumadin, Warfarin, Xarelto, Plavix, etc. for 5-7 days after your surgery. We will tell you when you may resume your blood thinners.

Restrictions

- Try to limit use of the elbow where you had surgery. NO lifting using the arm that had the operation for 4-6 weeks.
- You may use your arm to dress yourself and do self-care activities.
- Be careful to protect the incision from hitting against any hard surfaces.
- You may drive as long as you are not taking narcotic pain medication.
- It is ok to ride as a passenger if you are taking narcotic pain medication.
- If you are unable to work due to these restrictions, please let us know if we need to complete any paperwork for your employer.

Diet

- It is important to remember to eat and drink fluids so that your body may properly heal.
- If you are experiencing nausea, follow a “BRAT diet” which is Bananas, Rice, Applesauce, Toast and advance as tolerated.

Smoking

- Smoking constricts your blood vessels which carry oxygen and nutrients to your healing tissue and muscles. This may impair healing.
- Vaping and other nicotine products also slow healing.
- Carefully consider quitting smoking during this time. If you would like help in smoking cessation, please let us know.

Call our office if you have any of these symptoms:

- Fever over 101°F.
- Constipation that is not relieved by stool medications.
- Redness, warmth, or significant drainage from your incision.
- Pain, swelling, or redness in your calves.
- Worsening weakness with hand strength.

Call 911 or go to the nearest emergency room for chest pain, shortness of breath or trouble breathing.

Follow up appointment

- We have scheduled a follow up appointment for you that is about two weeks after your surgery.
- You will be provided with a card listing the date and time.
- If you need this appointment changed, please call our office.

If you are experiencing any problems or have any questions, please call our office.

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PART 3

Questions After Surgery? We're Here 24/7.

Recovering from surgery often brings up questions between appointments: about your activity restrictions, your collar or brace, incision care, or what's normal and what's not. You don't have to wait for a call back. Our Virtual Assistant answers common post-operative questions 24 hours a day, 7 days a week, using information approved by our clinic.

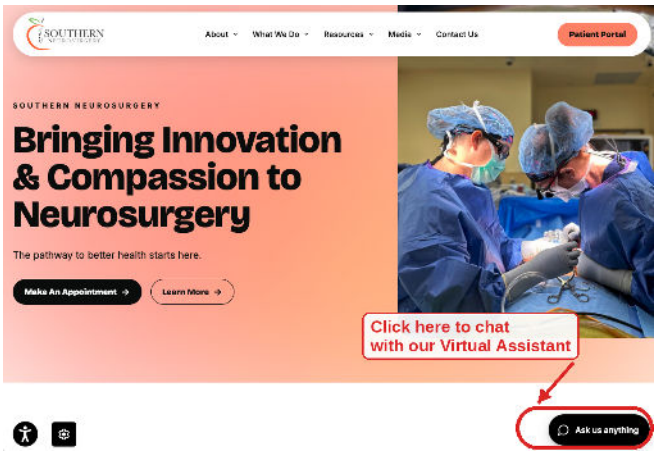
Fastest way: scan the code

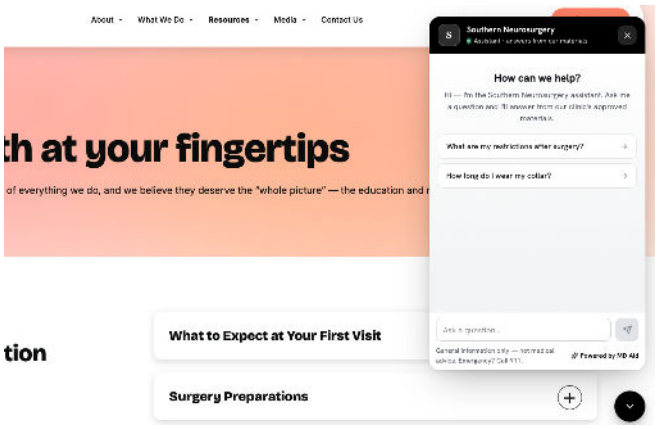
Point your phone's camera at the QR code to open the Virtual Assistant directly, or type this address into your web browser:

md-aid.com/c/southernneurosurgery

Or use our website

1. Go to southernneurosurgery.com and click the black "Ask us anything" bubble in the bottom right corner of the screen (left picture).
2. Type your question, or tap one of the suggested questions to get started (right picture).





Need to talk to a person?

If you don't find your answer or would rather speak with our team, call our office at (470) 293-9800.

Medical emergency? Call 911.

Do not use the Virtual Assistant or wait for a call back in an emergency.

The Virtual Assistant provides general information only. It is not a substitute for medical advice from your physician.