

## Day Procedure Unit

### Cubital Tunnel Release

This leaflet gives information for patients and their families who are undergoing a Cubital Tunnel Release operation. It is intended to be used as a guideline only. Please check with your surgeon for more specific information.

#### Pre-operative preparation

You will be asked to attend the pre-admission assessment clinic 1-6 weeks prior to admission to ensure you are fit for surgery. You will be seen in the pre-admission clinic by the nurse for any necessary pre-operative tests, which may include; blood tests, cardiogram (ECG). If you are unlikely to require any pre-operative tests your assessment may be carried out by telephone. You will be admitted on the day of surgery unless there are any medical reasons which may require you to be admitted the day before the operation.

#### What is Cubital Tunnel?

Cubital Tunnel is the name given to a tunnel behind the elbow which is formed by bones, muscles and ligaments. The Ulnar nerve runs through this tunnel. Sometimes the space in the tunnel becomes narrowed causing pressure to the Ulnar nerve. The Ulnar nerve controls the feeling in your ring and little fingers and also controls most of the muscles in your hand. It is sometimes referred to as the 'funny bone'.

#### What is the cause of Cubital Tunnel Syndrome?

Cubital Tunnel syndrome is a condition which is caused by pressure of the Ulnar nerve located behind your elbow.

#### The Operation

The operation is usually performed under a general anaesthetic. It may also be performed under a regional anaesthetic – where only your affected limb is anaesthetised with an injection of local anaesthetic in either your armpit or neck.

An incision is made on the inside of your elbow then deeper along the roof of the cubital tunnel (Cubital Tunnel Release). This is to relieve the pressure within the tunnel. Local anaesthetic is commonly used to reduce pain so your elbow and sometimes your fingers may feel numb for up to 2 days.

Please remove all rings and jewellery from the arm you are having the operation on. Although most patients will go home on the day of the procedure, occasionally some patients may require an overnight stay. All patients are required to bring an overnight bag.

#### After the Operation

You may feel some pain/discomfort after the operation. It is advised to take simple painkillers such as paracetamol and ibuprofen which should be

suitable to relieve this discomfort. Please bring these tablets with you on the day of the operation.

You will have a bandage in place and it is important that you use your arm as normally as you can for light activities whilst the bandage is on. Leave the dressing in place until you are advised to remove or to leave in place until seen in a follow up appointment for wound inspection/ removal of sutures, which may be performed at your GP surgery or hospital. Occasionally an above elbow cast is used for a few weeks after surgery if the nerve needs to be moved (transposition). You will have some swelling and bruising and this will reduce with time.

Most people are able to return to driving after one week however you should discuss this with your surgeon. Please also check with your insurance company, as policies can vary.

Most people are able to return to work 2 weeks after the operation but it does depend on the type of work that you do. For example; heavy manual work may require longer. You should discuss with your surgeon when you are able to return to work.

### **What are the risk and complications?**

The possible risks and complications for Cubital Tunnel Release include;

- Wound Infection –If you experience any increase in pain, redness, swelling, or develop a temperature – please see your GP as this maybe a sign of infection.
- Scar – Your scar will be firm to touch and tender for up to 8 weeks. You may have numbness around the scar. This may be helped by massaging the area with unscented moisturisers e.g., E45.
- Nerve Recovery – is variable and may not be full. Wasted hand muscles may never recover. The final amount of nerve recovery is around 1 year after the operation.
- Function – The symptoms and your general function will recover slowly, but it depends on the severity of the compression. Please ask your consultant.
- Nerve Pain- Occasionally the nerve is sensitive to the release and can cause severe pain which may need management by the chronic pain team.
- Blood clot in the leg or lung- can occur after any surgical procedure and if you have had a clot or thrombosis before please make staff aware so that your risks can be assessed and managed. Please read the information you are given about reducing your risk of a blood clot after your operation.

### **Follow – up**

You will normally be seen 2 weeks after the operation where your stitches will be removed. Your dressing needs to stay in place until this time. Normally you will be seen for consultant clinic follow up to assess progress.

### **Useful contacts for further information**

If you have any queries prior to the procedure, please contact the Day Procedure Unit on **01603 286008**.

For help giving up Smoking: contact Smokefree Norfolk local freephone 0800 0854 113 or [www.smokefreenorfolk@nhs.uk](mailto:www.smokefreenorfolk@nhs.uk) or email [smokefreenorfolk@nchc.nhs.uk](mailto:smokefreenorfolk@nchc.nhs.uk)

British Association of Day Surgery  
35-43 Lincolns Inn Fields  
London  
WC2A 3PE  
Tel: 0207 9730308  
Web address: [www.daysurgeryuk.org](http://www.daysurgeryuk.org)

