



## **Duke Orthopaedics: Upper Extremity Division**

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### **Cubital Tunnel Release**

#### *What is Cubital Tunnel Syndrome?*

Cubital tunnel syndrome is a compression of a nerve at the elbow. The cubital tunnel is a space where the ulnar nerve passes from the upper arm to the forearm. When there is increased pressure in the cubital tunnel, the nerve is irritated causing pain, weakness, numbness, and tingling into the ring and small fingers. Pain can sometimes radiate up the arm towards the shoulder or down the arm towards the hand.

#### *What does surgery to relieve Cubital Tunnel Syndrome involve?*

To release the pressure on the ulnar nerve in the cubital tunnel, Dr. Klifto cuts any restrictions around the ulnar nerve. These restrictions can occur at multiple levels and Dr. Klifto will explore them all to ensure best recovery possible. If the nerve is “popping” in and out of its normal position, he may also move the nerve into a position that allows movement without the popping to decrease stress on the nerve.

#### *Length of Stay*

This is same-day surgery not requiring hospital admission as long as there are no complications or other health comorbidities that require attention before discharge. You will need to have someone who can stay the entire length of the procedure and take you home.

#### *Anesthesia*

There are multiple types of anesthesia possible for surgery. The first type of anesthesia is a nerve block with sedation so you will not remember the procedure. Your arm will be numb and will feel very strange. The nerve block will last approximately 12 hours. The local anesthesia will last a couple of hours. The second is general anesthesia, which means you are asleep. The anesthesiologist will speak to you on the day of surgery. The ultimate choice of anesthesia technique is up to you and your anesthesiologist.

#### *Incision*

You will have on the inside of your elbow that is approximately 3-4 inches in length. After the incision has healed, it is usually fairly thin and not objectionable.

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### *Pain Control*

You will have pain medication prescribed for you prior to discharge. After the nerve block wears off you will have discomfort, so start your pain medicine when the block begins to wear off. Pain is usually worst for the 2 days after surgery due to inflammation from the surgical procedure. This should improve greatly in the first 24-48 hours after surgery.

### *Diet*

The combination of anesthesia and pain medications can cause nausea in some patients. If you are prone to nausea or show signs of nausea prior to discharge, a prescription for an anti-nausea medication will be provided. You may wish to advance your diet slowly the day of surgery to avoid exacerbation of nausea. Surgery and the narcotic pain medications are very constipating. Your diet should include plenty of water, fiber, fresh fruits and vegetables.

### *Dressings*

You will go home with gauze dressings on your elbow. After 3 days you may remove the dressings. You will have sutures (stitches) down the length of your incision. The sutures will be removed at your first postoperative visit approximately 14 days after your surgery.

### *Physical Therapy*

Before leaving the hospital you will be given discharge instructions with exercises to move the elbow, wrist and fingers. Commonly, people are able to regain full ROM of their elbow, wrist, and fingers without the need for formal physical therapy.

### *Restrictions*

Recovery from cubital tunnel release is approximately 6 weeks. During that time you will have restrictions on the use of your operative arm.

- Day of surgery-2 weeks: no lifting greater than 1-2 pounds with operative arm. No restrictions on range of motion of the fingers, wrist, elbow, or shoulder.
- Weeks 2-6: No lifting greater than 5-10 pounds
- Weeks 6+: No restrictions