

Trauma and Orthopaedics

Ulnar Nerve Decompression

The ulnar nerve lies at the back of the elbow at the area commonly known as the funny bone. It supplies sensation to the little and ring fingers, as well as to the border of the forearm and wrist on the same side of the hand. This nerve also supplies some of the small muscles in the hand that allow you to do tasks requiring dexterity, such as doing up buttons, picking up small objects.

When bending and straightening the elbow, the nerve moves within its tunnel. Sometimes, this movement can cause thickening of the tissues around the nerve. The thickening, along the shape of the tunnel, can tether the nerve and put pressure on it.

Symptoms

Pain, weakness and altered sensation such as pins and needles and numbness may be experienced in the little and ring fingers. You might also find it difficult to perform fine movements or tasks.

Treatment

You may be referred for some electrical tests to see how severe the compression is. If the nerve is compressed badly, then the recovery may not be complete. However, surgery should prevent the problem from getting worse. After these tests, you will be advised if surgery is needed.



What happens at surgery?

- Surgery is performed as a day-case procedure under a regional anaesthetic (which numbs the entire arm with anaesthetic injections while you remain awake), or a general anaesthetic (being put to sleep).
- A cut is then made at the back of the elbow.
- The nerve is released, and the wound then stitched.
- Occasionally, the nerve is unstable or moves around too much after it has been released (or decompressed). At this point, your surgeon may do chose 1 of 3 options:
 1. Simply finish the operation and observe you in the clinic to see if it becomes a symptomatic problem.
 2. Make the cut bigger and move the nerve away from the funny bone (a transposition procedure).
 3. File down the funny bone to reduce the movement (a medial epicondylectomy). Your surgeon should have discussed these options with you before the surgery, to allow you to express any preference you may have.
- A large bandage is applied for the first 48 hours, this is then removed to allow gentle exercise.

What are the possible complications?

- The nerve may not improve after the surgery despite the pressure being removed.
- As with any surgical procedure, there is a small risk of infection.
- Occasionally, persistent swelling, joint stiffness and pain may occur.
- Scar tenderness or sensitivity is not unusual. Although this normally improves by 6 weeks, it may persist for up to 3 months. Massage to the scar can be helpful in relieving these symptoms.

If you have any concerns, please take the opportunity to discuss them when you are admitted for surgery.

How long will you be off work and when can you drive?

Driving: It is your responsibility to make sure you are safe to drive. You can discuss this further with your treating clinician if you remain unsure. Please consider bringing someone with you, to avoid having to drive home yourself immediately after any procedure. You may wish to consider waiting until you can grip the steering wheel tightly without any distracting pain, before resuming driving.

Returning to work will depend on your type of job. You should be able to do most everyday activities with any splints or strapping that may have been provided. Please speak to your doctor about this, and do not resume sporting activities until you are told that it is safe to do so.

Further information

For further information please contact:

- The day surgery unit at University Hospital Coventry on 024 7696 6861/024 7696 6868 or at Hospital of St. Cross (Rugby) on 01788 663264
- Plaster room technicians at University Hospital Coventry on 024 7696 6909 or at Hospital of St. Cross (Rugby) on 01788 669143
- Specialist hand surgery nurse/hand-coordinator on 024 7696 5072
- Hand Therapy at University Hospital Coventry & Warwickshire on 024 7696 6016 or at Hospital of St. Cross (Rugby) on 01788 663257

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