

Ulna nerve decompression

What is an ulnar nerve decompression?

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

On 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, plus 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 or dexterous 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 ensure that the problem does not get worse. Following these tests you will be advised if surgery is needed.

What happens at surgery?

- Surgery is performed as a day-case procedure under a general anaesthetic (being put to sleep) or a regional anaesthetic (having the whole arm numbed with anaesthetic injections but you remain awake). 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 one of three things:
 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 make the movement less obvious (a medial epicondylectomy). Your surgeon should have explained 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.

PATIENT INFORMATION LEAFLET

What are the possible complications?

- The nerve may not improve following the surgery despite having the pressure 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 has normally improved by six weeks, it may persist for up to three months. Massage to the scar can be helpful to relieve these symptoms.

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

How long will I be off work?

You can expect to return to work within a few weeks of surgery depending upon the nature of your job. Jobs involving heavy work may require you to remain off work for up to six weeks.

When can I drive?

You may find driving difficult during the first two weeks after the operation. You can drive after your stitches are removed and when you can make a full pain free fist.



PATIENT INFORMATION LEAFLET

Further Information

Further information sheets will be available to you when you leave the hospital:

- Post-operative Hand and Arm instructions
- Care following a general anaesthetic

In the event of you experiencing any problems please do not hesitate to contact your consultant's secretary, the Day surgery Unit or your GP.

For further information on your procedure please contact:

- the Day surgery Unit on 024 7696 6861 or 024 7696 6868
- the Day Surgery Unit St Cross Hospital Rugby on 01788 663264

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact 024 7696 6861 and we will do our best to meet your needs.

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