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CUBITAL TUNNEL SYNDROME



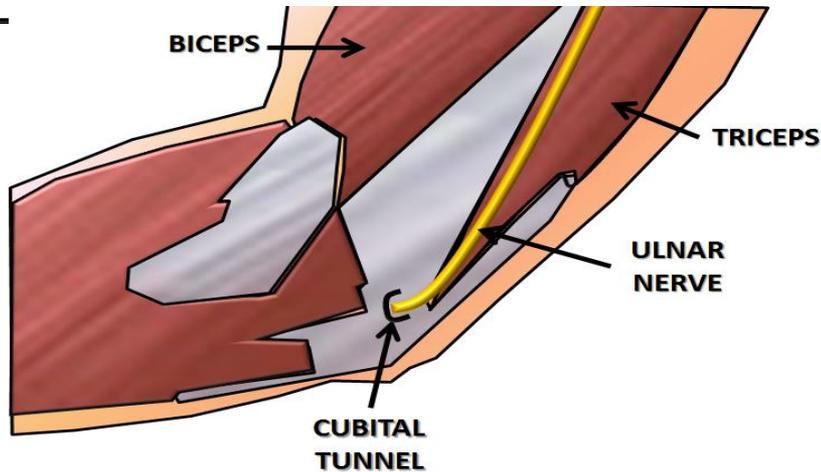
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Board Certified Hand Surgeon

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What is cubital tunnel syndrome?

The ulnar nerve gives sensation to the small and parts of the ring fingers and controls hand muscles for fine movements, and some forearm muscles for strong grip. In cubital tunnel syndrome, the ulnar nerve is pinched at the elbow, in a tunnel that runs under a bump inside of your elbow, called the medial epicondyle, or “funny bone”.

When you bend your elbow, the ulnar nerve stretches or moves around the medial epicondyle, and can become irritated. Keeping your elbow bent for long periods, repeatedly bending your elbow, a direct blow to your elbow, or leaning on your elbow can cause symptoms. Cubital tunnel can be associated with prior elbow fracture or dislocations, arthritis, and repetitive activities that require the elbow to be bent.



What are the symptoms?

- Numbness and tingling in the ring and small fingers, especially when your elbow is bent.
- Weak grip and difficult finger coordination.
- If the nerve is very compressed or has been compressed for a long time, muscle wasting in the hand can occur that cannot be reversed.

What medical tests will I need?

- **X-Rays:** to rule out any abnormal bone structures that might be causing your symptoms.
- **EMG/NCV (Nerve conduction study):** to show whether the ulnar nerve is carrying signals normally and the hand muscles are responding to those signals.

How is it treated?

- **Braces:** these keep the elbow straight and allow the swollen tissues to rest.
- **Anti-inflammatory Medicine:** controls swelling in the elbow. These include naproxen, ibuprofen, and meloxicam.
- **Cubital tunnel release:** the ligament "roof" of the cubital tunnel is cut. This increases the size of the tunnel and decreases pressure on the nerve.
- **Ulnar nerve anterior transposition:** the nerve may need to be secured if it moves out of place when the elbow moves.

What do I need to know about surgery?

- You will be contacted within 2 weeks of your pre-op appointment for pricing and scheduling.
- The surgery will last less than 60 minutes and you will go home the same day.
- Your surgeon will make a small incision at the inner elbow and cut the fascia that is pinching the ulnar nerve.
- You will have a splint for 2 weeks that will keep your elbow from moving. After the splint is removed, there are no restrictions on movement if the nerve was not moved. If the nerve was moved, you will not be able to lift for 4 weeks.
- At your 2-week follow-up visit, the sutures and bandage will be removed, and you will begin scar massage.
- If you are having symptoms in the other hand, you will be given the option to have surgery at your 4-week follow-up.