

Frequently Asked Post-Op Questions for Cubital Tunnel Release

Do I have Carpal Tunnel or Cubital Tunnel and what is the difference?

Carpal tunnel syndrome is a pinched nerve at the wrist and the nerve affected is the median nerve. It causes symptoms in the first thumb index and long fingers usually. Cubital Tunnel syndrome is a very different “pinched” nerve altogether called the ulnar nerve and is pinched behind the elbow at the “funny” bone area. It causes symptoms in the small and ring finger usually. The 2 problems are very different and have very different responses to surgery and should not be confused with each other.

My surgery is done, now what do I need to do?

For 10-14 days after surgery, you will wear a bulky dressing that will stay on until your first post-op appointment. Your fingers and wrist are free to move. Showering with a bag taped over the bandages will keep everything dry and clean. You are encouraged to move your wrist and elbow as tolerated to prevent the nerve from scarring down in its surgical bed. At your first post-op appointment, your dressing will be removed by the nursing staff or physician assistant. There are no sutures to be removed as dissolvable sutures are used at the time of surgery. At this point in time you can shower and perform gentle range of motion exercises and activities as tolerated. At 5-6 weeks after the surgery, you will see your surgeon for a final checkup on recovery.

How soon will I see relief of my symptoms?

It all depends on how long and how severely the nerve had been “pinched” at the elbow. Most patients get relief of in their fingers in the first few days to weeks after surgery. Dullness and muscle weakness to the affected hand/fingers or may take many months to recover and, in some severe cases, this may never fully recover. Underlying problems with neuropathy (nerve damage), diabetes, thyroid disease, or cervical radiculopathy (“pinched” nerve in the neck or arthritis) may make recovery more prolonged or incomplete.

When can I go back to work?

You can return to work the day after surgery if your work demands are low. But usually taking 3-5 days off before returning to work is most ideal if the job does not require too much manual labor or lifting greater than 1-2 pounds. If the job requires a lot of manual labor, heavy use of the surgical elbow in the first 2 weeks will be difficult and may lead to wound breakdown. In this case it is recommended to either take time off or return to light duty for 2 weeks and then gradually ease your way into heavier activities.

What can I do for my pain?

You will have a pain medication prescribed to you to take, if needed. Also limiting heavy activities, elevating, and applying some ice can help manage post-op pain. You are allowed to use any over the counter medication of choice if you wish to avoid the prescribed narcotic. You should not drink alcohol, drive or operate heavy dangerous machinery while on the narcotic.

Are there any concerning signs or symptoms I should look for during my recovery?

If you experience fever, significant redness or swelling around the surgical incision; excess bleeding or other drainage from the incision; please contact our office at 812-333-2556.

Will the surgical scar and redness improve?

Yes. This may take weeks to months, but it does improve. Once the incision has fully healed you can massage the scar with some over the counter cream (any moisturizing cream or Vitamin E based cream) to help. And when outdoors, applying sunblock to the scar will help it from becoming too visible. The scar will eventually become invisible around a year out.

What if I don't get full relief after cubital tunnel release surgery and what does that mean?

If you don't get full relief from surgery this could mean many things including incomplete release of the cubital tunnel during surgery or underlying issues with neuropathy (nerve damage at baseline), advanced diabetes, thyroid disease, or cervical radiculopathy (pinched nerve in the neck) that is preventing full relief, or the nerve has changes/damage that are not reversible even with a well-done surgery.

What is the success rate of cubital tunnel release surgery? What is the recurrence rate?

The success rate of surgery in providing relief of symptoms is high if the symptoms were not severe to begin with. This is the second most commonly performed nerve compression release procedure in hand surgery and is it is in general rewarding for patients. It does take many months and sometimes upwards of one year to see the full effects of the surgery. Recurrence after relief is achieved is rare unless there is an underlying medical problem to explain the worsening symptoms.

What are the risks during, and after cubital tunnel release surgery?

As with any surgery, there is a small degree of risk. Some risks include incomplete release of the cubital tunnel with persistent symptoms, bleeding, bruising, infection, injury to the nerve or its branches, injuries to blood vessels, and scar tenderness and sensitivity. The complication rates above are rare other than some minor reversible side effects such as scar tenderness which resolves over weeks or months. Sometimes, a small skin nerve that supplies the inside of the forearm is injured and lead to dullness on the inside of the forearm. This nerve is identified at the time of surgery and protected but complications related to it are described and possible.

Thank you for allowing us to be your orthopedic and hand surgery office and providers of choice.

Sincerely,

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Electronic link and downloadable version of this educational material is also available online at

TarekSibaiMD.com