



Decompression or Anterior Transposition of Ulnar Nerve Post-operative Instructions

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The Surgery

Your elbow's ulnar nerve surgery is an outpatient procedure that will be done in a formal operating room. After checking into our registration desk, you will be taken to a preoperative holding area where you will change into a gown, meet with your surgeon, your anesthesia staff, nurses, and other members of our team to evaluate you and prepare you for the procedure. The surgery is typically performed under a block injected around the collar bone with long acting local anesthesia as well as sedation through an IV to allow you to sleep without a breathing tube. The block is typically placed by the anesthesiologist in the pre-op holding area. You will then be taken to the operating room. Because of the sedation, it is very important that you have **nothing** to eat or drink after midnight the evening prior to surgery. This includes chewing gum, but you can take your morning medications with a very small sip of water. You will also need to have someone else drive you home. If you are unable to meet these two needs, your surgery may have to be cancelled and rescheduled for another date.

In the operating room, the OR staff will require about 15 minutes to prep and drape your arm. After this, the surgery itself will take about half an hour for a decompression or an hour and 15 minutes for an anterior transposition. During the operation, a 4-inch incision will be made at the medial elbow to decompress the cubital tunnel. Your nerve will be fully freed from compression, then I check the ulnar nerve for instability. If this is present, or if it is otherwise indicated, I will use a longer incision and formally move or transpose the nerve. The incision will be closed with buried absorbable stitches and put in a bulky soft dressing from the upper arm to the hand. Then you will be taken back to the preoperative holding area for recovery. Once you are comfortable and can drink clear fluids, you may go home.

Post-operative Instructions - The first 7-10 days

During this time, you should elevate and rest your hand as much as possible. While the block is still in place you should stay in the sling. After that it is important to gently move your elbow, wrist, and fingers a few times every hour while

awake. This may cause some elbow pain, but it is important to avoid getting scar formation around the nerve or stiffness of the joints.

After 2-3 days, light typing or writing for no more than five minutes at a time is allowed, but if it causes pain you should discontinue. You may not lift anything heavier than a cup of coffee with your surgical hand. You may have some swelling and bruising at the shoulder and in your fingers, but as long as you can move them without severe pain, this is normal. You will be given a prescription for pain medication to take as needed. Please keep the dressing clean and dry. When you shower, place a plastic bag over the hand and forearm and seal it well above the wound to keep it dry.

Patients who are not taking pain medication and can maneuver the operative arm well can start driving at 6-7 days after surgery.

You should call my office if you have progressively worsening pain that is not relieved by icing, rest, elevation, and your prescription pain medication. You should also call if you have a persistent fever of greater than 101°F or notice more than a drop or two per hour of drainage after the first week.

The 1st follow-up visit (approximately 7-10 days post-op)

At this visit, I will check your wound. I will also check your sensation and range of motion. Most patients still have decreased sensation at this time. If you have significant stiffness, I may send you to occupational therapy for a few weeks. Otherwise, I will show you simple elbow range of motion exercises and progress your activity. You can lift up to 2 pounds occasionally for the next two weeks, then slowly increase to lifting up to a gallon jug of milk by 6 weeks post-op.

You may now get the wound wet, but you should not scrub it for two more weeks. Simply pat it dry with a towel when you are done washing. You can leave the wound uncovered as long as it is in a clean, safe environment. Many patients have significant elbow swelling and discomfort. Icing helps, but I will discuss treatment for this based on your findings.

The 2nd follow-up visit

I will see you again in the office at about six weeks after surgery. Patients who are progressing well can just start more home exercises and monitor their progress. Patients who are still stiff, painful, or weak will start therapy. At this point you can start scar massage with vitamin E or cocoa butter to help soften the incision.

The 3rd follow-up visit

If you have regained full sensation and range of motion, I will teach you some strengthening exercises and have you follow up with me as needed. You may progress your activity and return to normal use of the arm over the next month.

If you are still having stiffness, numbness or pain, I will start other treatments such as medications, therapy, or splinting as indicated. Additionally, I will personalize further follow-up visits to meet your needs. Some patients take many months to recover sensation and strength, and up to 15% of patients do not get all of this back.