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Post-Surgical Information
CUBITAL TUNNEL RELEASE
(Ulnar nerve release at the elbow)



PROCEDURE: The cubital tunnel fascia is cut to relieve pressure on the ulnar nerve at the elbow. In some cases, the nerve is moved into a more relaxed position.

WHAT TO EXPECT: Most patients experience improvement in tingling, burning, and falling asleep of the hand and digits within days or sooner. Dull touch sensation and weakness may take much longer to improve, a year or more, and may never fully return to normal. Outcome is generally related to the severity and duration of the condition prior to surgery.

PAIN AFTER SURGERY: Local anesthetic is usually injected into the incision during surgery to minimize pain during the procedure and for a few hours afterward. Pain medication is prescribed for use as needed. Most patients require pain medication for only a few days after surgery. Soreness around the incision at the elbow is typical and may last two to three months, although this often resolves sooner.

INCISION & DRESSINGS: A sterile dressing is placed around the elbow at the end of the procedure. A rigid splint may also be included in some cases. If the dressing is too tight, the outer elastic bandage should be unwrapped and rewrapped more loosely, leaving the deeper gauze intact. If only a soft dressing is used, it should be removed five days after surgery. Splints should be left in place until follow-up if used. The incision and sutures or skin tapes will be visible and should be kept clean and dry until office follow-up. A Band-Aid may be used to cover the incision in the meantime. Light washing is fine after the first five days, but soaking or scrubbing should be avoided.

FOLLOW-UP AND RECOVERY: A follow-up visit for incision check and removal of any sutures should be scheduled within two weeks after surgery. Provided that healing is appropriate, no further appointments are typically needed. Soreness at the surgical site may require up to several weeks for resolution, and several months may be needed for all residual numbness and weakness to resolve. Patients with severe cubital tunnel syndrome may never entirely recover full nerve and hand function.