

Care after ulnar nerve decompression / transposition

Musculoskeletal and specialist surgery

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Information for Patients

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Introduction

The ulnar nerve passes through the 'cubital tunnel' on the inside of your elbow. It gives feeling to your little finger and part of your ring finger. It also powers the small muscles in your hand. This tunnel can sometimes narrow due to arthritis or injury but for many there is no obvious cause. The ulnar nerve can become irritated or squashed (compressed). This can cause your arm to lose feeling and muscle strength. It can make you less agile when using your arm. We may advise surgery to improve your symptoms or to stop them getting worse. For this we make an opening at the back of the elbow and release the compressed nerve. This is called a 'cubital tunnel release' or 'ulnar nerve decompression'. Sometimes if the nerve is loose, we may need to move it from its original tract to a new position. This is called 'ulnar nerve transposition'.

Managing pain

Some pain is normal after any surgery. You can manage this at home with simple painkillers. The nurse or doctor on the ward will talk about your pain management with you before you go home. You must tell the doctor and nurse about other medication you take. You must tell them if you have had a reaction to certain painkillers before.

Take your painkillers as prescribed and only if you need them. If your pain gets worse or the tablets you have been given do not help then please contact your GP, the hospital ward where you had your surgery or **NHS 111** for advice.

Managing swelling and stiffness

We will give you a sling to support your arm as you travel home. Wear this if you go out but otherwise you may gently begin to use your arm. Elevate your arm on cushions or pillows when you rest to reduce swelling. Exercise your fingers and shoulder to reduce stiffness.

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

Visit www.uhleicester.nhs.uk for maps and information about visiting Leicester's Hospitals.
To give feedback about this information sheet, contact uhl-tr.informationforpatientsmailbox@nhs.net



Caring for your wound

Keep your wound clean and dry. Use a sealed plastic cover over your bandages when you have a shower. You should not need to change your dressing. We will give you spare dressings on the ward in case you need them. Try not to disturb the wound for at least 48 hours (2 days). Always wash your hands and carefully peel off the old dressing to avoid disturbing any steristrips. Apply the fresh dressing taking care not to touch the part that will be in direct contact with the wound.

Signs of infection may include:

- lasting redness,
- increased pain,
- leakage of fluid,
- a strange smell coming from the wound.

If you have any of these symptoms or you feel unwell and shivery please contact your GP or hospital staff on the numbers given.

General advice

- You may use your arm to wash, dress or feed yourself. Do not straighten your arm completely or lift anything heavy.
- Do not drive until your wound has healed. You can talk about return to work with the surgeon. The surgeon will see you 2 to 3 months after your surgery. We will send an appointment by post.
- You may get sharp, shooting electric shock type feelings which is common after nerve release. This will settle with time.
- If bandages become loose, reapply them. If they are too tight and causing constriction loosen them.
- Stitches or steristrips will be removed 12 to 14 days after surgery. At this stage you should be able to shower as normal and start massaging the wound with E45 cream 3 to 4 times per day.

Department of: _____ Contact details: _____

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Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

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