

Hand & Plastics Physiotherapy Department

# Cubital Tunnel Syndrome

Information for patients



This leaflet has been developed to answer any questions you may have regarding your recent diagnosis of cubital tunnel syndrome.

## What is the Cubital Tunnel?

The cubital tunnel is made up of the bones in your elbow and the forearm muscles which run across the elbow joint. Your ulnar nerve passes through the tunnel to supply sensation to your fingers, and information to the muscles to help move your hand.

## What causes Cubital Tunnel Syndrome?

Symptoms occur when the nerve becomes restricted by pressure within the tunnel. The reason is usually unknown, but possible causes can include: swelling of the lining of the tendons, joint dislocation, fractures or arthritis. Fluid retention during pregnancy can also sometimes cause swelling in the tunnel. Symptoms are made worse by keeping the elbow bent for long periods of time.

## What are the symptoms?

Symptoms include numbness, tingling and/or pain in the arm, hand and/or fingers of the affected side. The symptoms are often felt during the night, but may be noticed during the day when the elbow is bent for long periods of time. You may have noticed a weaker grip, or clumsiness when using your hand. In severe cases sensation may be permanently lost, and some of the muscles in the hand and base of the little finger may reduce in size.

## Diagnosis

A clinician may do a test such as tapping along the line of the nerve or bending your elbow to see if your symptoms are brought on. You may also be sent for a test to look at your nerve conduction to give an accurate measure of the amount of pressure that is affecting the nerve.

## What is the treatment?

You may be given a splint to wear at night, or be advised to wrap a towel around your elbow, to prevent you from bending your elbow and compressing the nerve. Your therapist may advise you on how you position your arm when using it for prolonged activities at work or may give you some gentle exercises to do. Anti-inflammatory medication taken by mouth or injected into the cubital tunnel may also relieve symptoms.

When symptoms are severe or do not improve with the above, surgery may be needed to make more room for the nerve. If surgery is thought to be the best treatment for you, the options will be discussed with you further.

## What are the risks with Cubital Tunnel surgery?

As with any surgery, you may be left with persistent pain, and/or stiffness following the operation, although normal use/exercise will make this less likely. There is also some risk of infection, or damage to nerves or blood vessels around the area. Please discuss this with your doctor or therapist if you would like more information.

## Is there anything I should avoid?

The only action you should avoid for the first 4 weeks is excessive weight-bearing through your elbow and the heel of your hand e.g. pushing up from a chair and heavy gripping tasks. We advise you not to drive for the first couple of weeks, until your dressing has been removed by the nurse / therapist.

## What can I do to help my recovery?

You should straighten your fingers out and then try to make a fist a few times every hour, as well as moving your elbow within the dressing, as comfort allows.

You can use your hand to complete light tasks, such as dressing and eating meals.

## Will it be painful?

You may have some discomfort for a few days. If necessary, take simple painkillers according to the manufacturers instructions. If you have severe pain, which disturbs your sleep or that is not controlled by simple painkillers, you should contact your GP or the Hand Therapy Team.

## How will it be covered following surgery?

Your elbow will be in a large dressing straight after surgery which should be kept clean and dry until your first clinic or GP review. It is helpful to wear a large plastic bag over your arm for showering or bathing. Keep the hand higher than the elbow for the first 3 days to prevent swelling and try to use it for gentle daily activities.

## When will my stitches be removed?

Your stitches will be removed (if required) 10-14 days after surgery, usually when you come back to the outpatient clinic or in hand therapy. Once the stitches have been removed, the more you use your hand and arm for day-to-day activities the quicker it will recover. Slight discomfort when you use the hand / arm is not harmful but persistent pain may mean you have used it too vigorously.

## When can I drive?

You should not drive until your stitches are removed and then be certain that you have enough strength and control to drive safely.

## When can I go back to work?

You can return to work as soon as your hand / arm can cope with it. Depending on your job, you may be able to return to work once your stitches have been removed. Expect up to 4 weeks off work if your job involves heavy duties e.g. manual work.

# Exercises

**REPEAT ALL EXERCISES 2-3 TIMES PER DAY**

## **Exercise 1a and b – Elbow Range of Movement Exercise**

- 1a. This bending and straightening exercise for the elbow can be completed in lying or sitting.



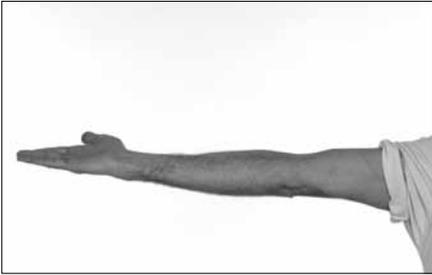
- 1b. Keep your elbow still at your side and twist your palm up to face the ceiling and then down to face the floor.



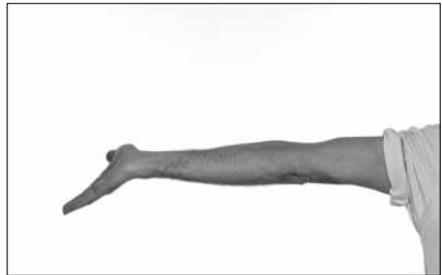
Repeat the above exercises 3-5 times

## Exercise 2 – Ulnar nerve gliding Exercise

Exercise A:



Start using the sliding technique above. As you bend the elbow toward you tilt the wrist back. Keep your head in a neutral position during this exercise. Once you can do this comfortably, progress to exercise B:



Move the elbow from a bent position to straight. Keep the wrist bent backwards throughout this movement.

Repeat the above exercise 3-5 times. Do the movements slowly.

Do not stay in end position for any length of time. Stop if you feel a strong pull or pain at any stage. You do not have to get the arm completely straight – go as far as is comfortable.

If you have any questions please contact the  
Physiotherapy Hand Specialists (Tel: **01865 231181**)  
between 8am and 4pm Mon-Fri.

Outside of these hours, in cases of emergency,  
please contact the Specialist Surgery Inpatients Ward  
(Tel: **01865 234890**).

If you have a specific requirement, need an interpreter,  
a document in Easy Read, another language, large print,  
Braille or audio version, please call **01865 221 473**  
or email **PALSJR@ouh.nhs.uk**

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