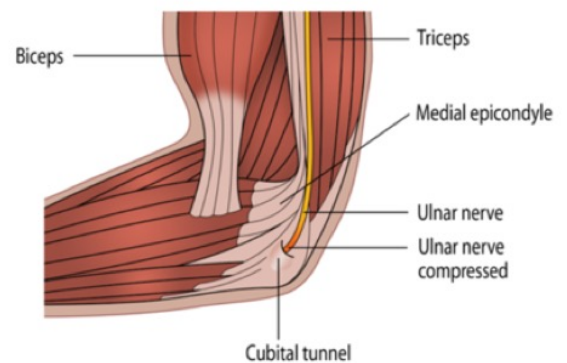




### What is a Cubital Tunnel Syndrome?

**Cubital Tunnel Syndrome** is a common condition where the **Ulnar** nerve is compressed as it passes through a tight space (the **Cubital Tunnel**) behind the bony prominence (the **Medial epicondyle**) on the inside of the elbow. This compression of the nerve causes symptoms of 'pins and needles' and numbness in the small and ring fingers and in severe or longstanding cases, weakness of the hand with loss of the bulk of the muscles within the hand.



#### What causes Cubital Tunnel Syndrome?

There are a number of causes. Some people have variations in their anatomy that make them prone to compression. For some people it is aggravated by leaning on the elbow or keeping the elbow flexed for prolonged periods, and in others the **Cubital Tunnel** can be reduced in size by thickening of the overlying fibrous tissue or swelling of the underlying elbow joint.

#### How is it diagnosed?

**Cubital Tunnel Syndrome** can usually be diagnosed on the basis of the history and examination. The diagnosis can be confirmed with **Nerve Conduction Studies**, a test performed by a neurologist where the speed of electrical impulses travelling in the nerve are measured. Slowing of these impulses is seen in **Cubital Tunnel Syndrome**. Imaging with Ultrasound or MRI is occasionally used as well.

#### How is it treated?

In early or mild cases, it is possible to treat **Cubital Tunnel Syndrome** by avoiding direct pressure on the nerve and limiting prolonged flexion posture. Braces or padding may help. When symptoms are significant, surgery may be required to release the roof of the **Cubital tunnel**, (an **Ulnar Nerve Release**) and in some cases elevate the nerve out of the groove behind the elbow and bring it in front of the elbow (an **Ulnar Nerve Transposition**) to reduce tension on the nerve with flexion. Your surgeon will discuss these options with you.

#### If I need surgery, what will happen to me afterwards?

Depending on the surgery performed, there may be some restrictions on forceful gripping for a few weeks while the repair heals. The numbness symptoms often take some weeks to settle. In severe cases, there may be residual alteration of sensation and muscle wasting, even where the nerve has been completely decompressed.