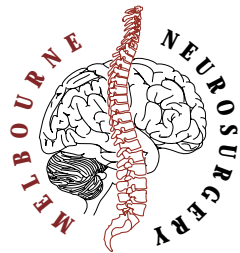


PROCEDURE INFORMATION

ULNAR NERVE DECOMPRESSION



WHAT IS ULNAR NERVE SYNDROME ?

ULNAR NERVE SYNDROME is where the nerve that runs around the elbow to the hand is compressed. This nerve is called the Ulnar nerve. It supplies the sensation to part of the hand (little finger and half ring finger) and impulses to drive some of the muscles in the hand. The nerve runs under a ligament around the elbow in a place commonly known as the Funny Bone (medial epicondyle). This ligament binds the nerve to the elbow and forms a tunnel for the nerve to run underneath.

WHAT ARE THE COMMON SYMPTOMS ?

1. Numbness in the little and ring fingers.
2. Symptoms worse with some activity .
3. Weakness in some functions of the hand (such as spreading out the fingers).

WHAT CAUSES IT ?

1. Thickening of the muscle the nerve runs into after leaving the fascial tunnel.
2. Thickening of the ligament over the nerve.
3. Hormone disorders such as acromegally or diabetes
4. Repetitive trauma to the nerve.
5. Often there is no specific cause.

WHAT YOU NEED TO TELL THE DOCTOR BEFORE SURGERY ?

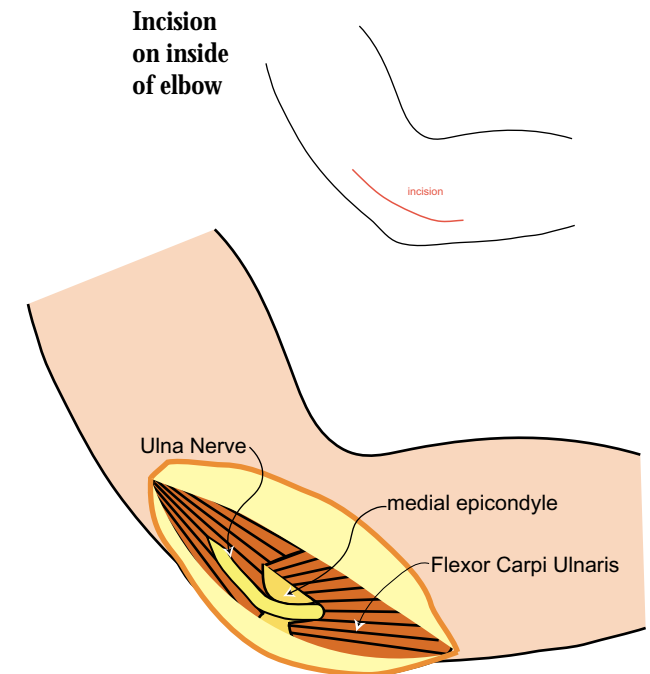
If you have bleeding disorder
Any Health problems.
If you are taking blood thinning agents.
e.g. Warfarin/aspirin/anti-inflammatory
Drug or other allergies

WHAT ARE THE REASONS FOR HAVING AN OPERATION ?

The commonest reason is that the symptoms in your hand have been causing significant discomfort or that you have been getting worse. Usually non-operative therapy has failed.

HOW DO YOU DIAGNOSE ULNAR NERVE SYNDROME ?

Your local doctor will usually make the diagnosis based on your symptoms. He may send you for special electrical tests on the nerves in your arm called Nerve Conduction Studies. If the nerve is affected then it takes longer for the impulses to cross the elbow and they are dampened as they cross. The test will confirm the diagnosis. If he does not send you for the test he will send you to a neurologist or a Neurosurgeon for an opinion. The Neurosurgeon sends you to a Neurologist to perform the test.



WHAT OPERATION IS PERFORMED ?

The operation is called a Ulnar Nerve Decompression. It can either be performed under a local or general anaesthetic. You may be admitted as a day patient and go home after the operation or be admitted the day before. Regardless of the type of anaesthetic, you will not be able to eat or drink from midnight before the operation.

WHAT HAPPENS AT OPERATION ?

Before we start we will confirm the arm to be operated on and draw the incision on the skin near the elbow.

If the operation is under local then this will be injected into the wound at this time (a sedative is given by the anaesthetist to help the operation pass).

If under general anaesthetic you will go off to sleep after the marking of the incision. The incision is then washed with antiseptic solution and the arm is covered with drapes to leave only the area of the incision exposed.

The surgeon cuts through the skin and fat down to the first layer. He will then cut through the fascia over the muscle and the nerve with a sharp blade. We identify the nerve as it runs behind the medial epicondyle (bone on inside of elbow). The nerve is decompressed where it enters the muscle in the forearm (flexor carpi ulnaris). The decompression will be well beyond the incision on your arm. It extends above and below the elbow.

The surgeon then makes sure all the bleeding has stopped and sews the skin and the layer underneath back together. The wound is covered with a dressing and a crepe bandage. A wad of cotton wool and a further crepe are used to cover the first dressing.

You will then go to recovery.

WHAT HAPPENS NEXT ?

You will wake up in recovery and after about 1 hour you will be transferred to the ward. The nursing staff will be continually checking your pulse/blood pressure/limb strengths and sensation looking for any changes to indicate a complication. You will probably only need oral analgesia. We will encourage you to keep your arm elevated. Most people will be able to go home the same day. It is important that some-one drives you home afterwards

The sutures are usually removed about 7 - 12 days after the surgery if they are not dissolvable.

WHAT YOU SHOULD NOTIFY YOUR DOCTOR OF AFTER SURGERY

1. Increasing Pain in the wound/elbow.
2. Fever
3. Swelling or infection in the wound.
4. Increasing or new onset weakness or numbness in the hand

WHAT HAPPENS WHEN YOU GO HOME ?

1. The covering bandage can be removed the next day. The other dressing should be changed second daily from the second day or if it gets wet.
2. You will have an early follow-up appointment to have your wound reviewed.
3. You are encouraged to try to keep the arm elevated and to use it as much as possible.
4. You must not lift anything heavy with the hand until told you can do so by your surgeon
5. It is important to keep the wound dry.
6. Your doctor will discuss driving and return to work with you.

WHAT ARE THE RISKS?

Discuss these and others with your surgeon

THE COMMON RISKS ARE

Infection (treated with antibiotics)
Post operative blood clot requiring drainage.
Nerve damage
Elbow pain.
Scar in wound area.
Failure of symptoms to improve.

WILL YOUR SYMPTOMS GET BETTER ?

YES In the great majority of cases
If the nerve is badly damaged then recovery may be slow or not at all

YOU WILL BE ASKED TO SIGN A CONSENT FORM TO SAY THAT YOU UNDERSTAND THE RISKS .
IF YOU ARE NOT SURE ASK BEFORE YOU SIGN.

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