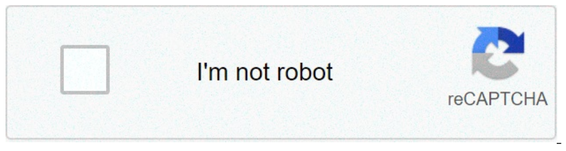

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What happens during cubital tunnel surgery

Unless your nerve compression has caused a lot of muscle wasting, your doctor will most likely first recommend nonsurgical treatment. Nonsteroidal anti-inflammatory medicines. If your symptoms have just started, your doctor may recommend an anti-inflammatory medicine, such as ibuprofen, to help reduce swelling around the nerve. Although steroids, such as cortisone, are very effective anti-inflammatory medicines, steroid injections are generally not used because there is a risk of damage to the nerve. Bracing or splinting.Your doctor may prescribe a padded brace or splint to wear at night to keep your elbow in a straight position. Nerve gliding exercises. Some doctors think that exercises to help the ulnar nerve slide through the cubital tunnel at the elbow and the Guyon's canal at the wrist can improve symptoms. These exercises may also help prevent stiffness in the arm and wrist. Your doctor may recommend surgery to take pressure off of the nerve if: Nonsurgical methods have not improved your condition The ulnar nerve is very compressed Nerve compression has caused muscle weakness or damage There are a few surgical procedures that will relieve pressure on the ulnar nerve at the elbow. Your orthopaedic surgeon will talk with you about the option that would be best for you. These procedures are most often done on an outpatient basis, but some patients do best with an overnight stay at the hospital. Cubital tunnel release. In this operation, the ligament "roof" of the cubital tunnel is cut and divided. This increases the size of the tunnel and decreases pressure on the nerve. After the procedure, the ligament begins to heal and new tissue grows across the division. The new growth heals the ligament, and allows more space for the ulnar nerve to slide through. Cubital tunnel release tends to work best when the nerve compression is mild or moderate and the nerve does not slide out from behind the bony ridge of the medial epicondyle when the elbow is bent. Ulnar nerve anterior transposition. In many cases, the nerve is moved from its place behind the medial epicondyle to a new place in front of it. Moving the nerve to the front of the medial epicondyle prevents it from getting caught on the bony ridge and stretching when you bend your elbow. This procedure is called an anterior transposition of the ulnar nerve. The nerve can be moved to lie under the skin and fat but on top of the muscle (subcutaneous transposition), or within the muscle (intermuscular transposition), or under the muscle (submuscular transposition). Medial epicondylectomy. Another option to release the nerve is to remove part of the medial epicondyle. Like ulnar nerve transposition, this technique also prevents the nerve from getting caught on the boney ridge and stretching when your elbow is bent. Depending on the type of surgery you have, you may need to wear a splint for a few weeks after the operation. A submuscular transposition usually requires a longer time (3 to 6 weeks) in a splint. Your surgeon may recommend physical therapy exercises to help you regain strength and motion in your arm. He or she will also talk with you about when it will be safe to return to all your normal activities. The results of surgery are generally good. Each method of surgery has a similar success rate for routine cases of nerve compression. If the nerve is very badly compressed or if there is muscle wasting, the nerve may not be able to return to normal and some symptoms may remain even after the surgery. Nerves recover slowly, and it may take a long time to know how well the nerve will do after surgery. Shoulder and elbow surgery can result in considerable pain and discomfort after the operation. Traditional painkillers are not always effective and have side effects. We usually offer you a local anaesthetic “block” to reduce the pain and discomfort following the procedure and also allow early more comfortable physiotherapy (if required). This consists of an injection at the side of your neck onto the nerves that supply your shoulder. The injection itself is fairly painless. What happens? The procedure is carried out before the start of your operation. You will have a small plastic tube placed in your arm (drip). Then you may have some sedation to make you feel relaxed. A small numbing injection in the skin is placed prior to the block needle (which is smaller than a blood-taking needle). Your arm will then start to feel very heavy and numb (a similar sensation to when you have been lying on it). This spreads down the outside of the arm (and spares the inside). Surgery is then carried out under sedation (you are comfortable, relaxed and either awake or sleeping if you prefer) or occasionally under general anaesthesia (you are unconscious and unaware). If you are awake, you are welcome to watch the procedure on a TV screen, and we will explain to you what is happening. If you require any extra pain relief during the procedure, we can easily give you this through your drip. The block will reduce the overall amount of painkilling drugs that you will require during and after the operation. After your operation The numbness will usually last for between 8 and 24 hours (depending on anaesthetic mixture used). We will leave your arm in a sling; please protect your arm whilst it is numb. You will initially experience some ‘pins and needles’ as the block wears off and then some pain. Please prepare for this by taking the painkillers that we provide. Start these before the block wears off and expect to need them regularly for around 48hrs. Occasionally we may recommend that at the time of the block we also place a small tube (catheter) that is fixed in place and through which we can give you further local anaesthetic to prolong your numbness for a few days. We would recommend this in situations where your pain after the operation is likely to be severe. Complications of Anaesthesia Anaesthesia is fairly safe for most people. If your health is not good the risks may be increased. Commoner complications include nausea and sore throat. Local anaesthetic nerve blocks are generally considered to be safe. There is an approximately 5% (1 in 20) chance that they will fail or not work as well as expected. They tend to cause a small pupil and droopy eyelid temporarily and you may notice a hoarse voice or slight breathlessness. Rare complications include reactions to the local anaesthetic solutions and nerve injury (the risk of temporary nerve symptoms e.g. tingling, numbness or weakness for a limited period is around 1 in 100 blocks and the overall risk of permanent injury approximately 1 in 5,000- 10,000 injections). Analgesics (painkillers) Paracetamol and an anti-inflammatory drug (if suitable for you – usually ibuprofen or diclofenac) are often used in combination. Take these regularly for the first few days. Stronger painkillers: Your anaesthetist will talk to you about strong painkillers, usually codeine, tramadol, oxycodone or morphine. Take these if your pain is poorly controlled (instructions will be on the packet). Some patients experience light-headedness when taking stronger painkillers; so be careful especially at first (rest up after taking them, don’t carry hot drinks or anything sharp) and take them only to counteract severe discomfort. Nausea and constipation can also occur, so drink plenty of water and increase the fibre in your diet; occasionally laxatives may be required (available from chemists). Discharge If you are discharged on the same day as your operation, there should be someone keeping an eye on you during the first 24 hour period. If the painkillers make you excessively drowsy, then your carer needs to rouse you and ensure you not too sensitive to them. Emergency contact numbers will be available on your discharge information if you or your carer wishes to talk to a trained member of staff. Facebook Twitter Linkedin Pinterest Carpal tunnel release is a surgery used to treat and potentially heal the painful condition known as carpal tunnel syndrome. Doctors used to think that carpal tunnel syndrome was caused by an overuse injury or a repetitive motion performed by the wrist or hand, often at work. They now know that it's most likely a congenital predisposition (something that runs in families) – some people simply have smaller carpal tunnels than others. Carpal tunnel syndrome can also be caused by injury, such as a sprain or fracture, or repetitive use of a vibrating tool. It's also been linked to pregnancy, diabetes, thyroid disease, and rheumatoid arthritis. The median nerve and tendons that allow your fingers to move pass through a narrow passageway in the wrist called the carpal tunnel. The carpal tunnel is formed by the wrist bones on the bottom and the transverse carpal ligament across the top (or inside) of the wrist. When this part of the body is injured or tight, swelling of the tissues within the tunnel can press on the median nerve. This causes numbness and tingling of the hand, pain, and loss of function if not treated. Symptoms usually start slowly, and may get worse over time. They tend to be worse on the thumb side of the hand. During a carpal tunnel release, a surgeon cuts through the ligament that is pressing down on the carpal tunnel. This makes more room for the median nerve and tendons passing through the tunnel, and usually improves pain and function. Why might I need carpal tunnel surgery? A diagnosis of carpal tunnel syndrome is about the only reason to have a carpal tunnel surgery. And even then, your doctor will likely want you to try nonsurgical treatments first. These may include over-the-counter pain medicines, physical therapy, changes to the equipment you use at work, wrist splints, or shots of steroids in the wrist to help relieve swelling and pain. The reasons that a doctor would recommend a carpal tunnel release surgery may include: The nonsurgical interventions for carpal tunnel syndrome don't relieve the pain. The doctor performs an electromyography test of the median nerve and determines that you have carpal tunnel syndrome. The muscles of the hands or wrists are weak and actually getting smaller because of the severe pinching of the median nerve. The symptoms of carpal tunnel syndrome have lasted 6 months or longer with no relief. What are the risks of carpal tunnel surgery? As with most surgeries, carpal tunnel release is not without its risks. Your wrist will be made numb and you may be given medicine to make you sleepy and not feel pain (called local anesthesia) for the procedure. In some cases general anesthesia is used, this when drugs are used to put you into a deep sleep during surgery. Anesthesia poses risks for some people. Other potential risks of a carpal tunnel release surgery include: Bleeding Infection Injury to the median nerve or nerves that branch out from it Injuries to nearby blood vessels A sensitive scar The recovery from carpal tunnel surgery takes time – anywhere from several weeks to several months. If the nerve has been compressed for a long period of time, recovery may take even longer. Recovery involves splinting your wrist and getting physical therapy to strengthen and heal the wrist and hand. There may be other risks, depending on your specific medical condition. Be sure to discuss any concerns with your doctor before the procedure. How do I get ready for carpal tunnel surgery? Tell your doctor about all medicines you are currently taking, including over-the-counter drugs, vitamins, herbs, and supplements. You will probably need to stop taking any medicines that make it harder for the blood to clot, such as ibuprofen, aspirin, or naproxen. If you're a smoker, try to quit before to the surgery. Smoking can delay healing. You may need to get blood tests or an electrocardiogram (ECG) before surgery. You will usually be asked not to eat or drink anything for 6 to 12 hours before the surgery. Based on your medical condition, your doctor may request other specific preparations. What happens during carpal tunnel surgery? Carpal tunnel release is usually an outpatient procedure, which means that you can go home the same day as the surgery if all goes well. There are 2 types of carpal tunnel release surgery. The traditional method is the open release, in which the surgeon cuts open the wrist to do the surgery. The other method is endoscopic carpal tunnel release, in which a thin, flexible tube that contains a camera is put into the wrist through a tiny incision (cut). The camera guides the doctor as the surgery is done with thin tools put into the wrist through another small cut. In either case, here is the general sequence of events in a carpal tunnel release surgery: You will usually be asked to remove your clothing, or at least your shirt, and put on a hospital gown. Typically, local anesthetic is used for this procedure to numb the hand and wrist. In an open release surgery, the surgeon cuts about a 2-inch incision on the wrist. Then he or she uses common surgical instruments to cut the carpal ligament and enlarge the carpal tunnel. In an endoscopic carpal tunnel release, the doctor makes 2, half-inch incisions. One is on the wrist, and one is on the palm. Then he or she inserts a camera attached to a narrow tube into one incision. The camera guides your doctor as he or she inserts the instruments and cuts the carpal ligament through the other incision. The surgeon will stitch up the incision or incisions. Your hand and wrist will be placed in a splint or bandaged heavily to keep you from moving your wrist. Once the surgery is done, you'll be monitored for a short time, and then allowed to go home. Only in rare cases or complications is an overnight stay needed for a carpal tunnel release surgery. What happens after carpal tunnel surgery? Your wrist will likely be in a heavy bandage or a splint for 1 to 2 weeks. Doctors usually schedule another appointment to remove the bandage or splint. During this time, you may be encouraged to move your fingers to help prevent stiffness. You'll probably have pain in your hand and wrist after surgery. It's usually controlled with pain medicines taken by mouth. The surgeon may also have you keep the affected hand elevated while sleeping at night to help decrease swelling. Once the splint is removed, you will likely begin a physical therapy program. The physical therapist will teach you motion exercises to improve the movement of your wrist and hand. These exercises will speed healing and strengthen the area. You may still need to sometimes use a splint or brace for a month or so after surgery. The recovery period can take anywhere from a few days to a few months. In the meantime, you may need to adjust job duties or even take time off from work while you heal. Your doctor will talk to you about activity restrictions you should follow after surgery. Let your doctor know about any of the following: Fever Redness, swelling, bleeding, or other drainage from the incision Increased pain around the incision These problems may need to be treated. Talk to your doctor about what you should expect and what problems mean you need to see your doctor right away. Next steps Before you agree to the test or the procedure make sure you know: The name of the test or procedure The reason you are having the test or procedure What results to expect and what they mean The risks and benefits of the test or procedure What the possible side effects or complications are When and where you are to have the test or procedure Who will do the test or procedure and what that person's qualifications are What would happen if you did not have the test or procedure Any alternative tests or procedures to think about When and how will you get the results Who to call after the test or procedure if you have questions or problems How much will you have to pay for the test or procedure

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