



## **Ulnar Nerve Compression**

### **Information for patients**

Your doctor has referred you to us because you may have symptoms of ulnar nerve compression. When we see you there will be time for you to tell us about your problem and for us to examine you to find out what the problems are.

Sometimes it is necessary for us to arrange further tests (X-rays, nerve conduction studies, blood tests) to confirm the diagnosis and an operation may be postponed until the results are received.

Nerve compression at the elbow is the second most common nerve entrapment after carpal tunnel syndrome in the hand.

It can cause symptoms in the little and ring fingers, patients can describe pins and needles, tingling in these two digits and weakness of the hand. If left unattended it can cause numbness and weakness of small muscles of the hand that will be very difficult to recover, in many cases impossible.

**If you are on clopidogrel, dipyridamole (persantin) or warfarin please contact the surgery for further information - as soon as you receive this information leaflet.**

### **Post-op care**

Dressings - these are wool and crepe bandages which stay in place for 6 days until a wound review with a Probus Surgical Centre nurse or if you are unable to return to Probus with your own practice nurse. You will usually have dissolvable sutures which will disperse over 4-6 weeks. If you have sutures that need removing, we will inform you of this.

Exercises – gentle bending and straightening of your arm is advised as soon as the next day. Avoid any physical activity (swimming, cycling, running etc.) for two weeks. If you have a physical job the surgeon will recommend 2- 3 weeks off work.

Pain control – we recommend you take some pain killers such as paracetamol as soon as you get home and then regularly for the first 24-48hrs, following the instructions on the packet.

### **Recovery**

It is unusual to have persistent symptoms after ulnar nerve decompression after recovering from the surgery. However, if there has been significant loss of function (weakness or numbness) from damaged nerves before surgery it can be a long time before the function returns to normal. In general recovery takes much longer than carpal tunnel, many cases more than a year.

## **Complications and risks**

Any surgical procedure has an element of risk attached to it and occasionally things do not turn out as well as expected.

Serious infection is extremely rare, less than 1/1000, but you must take care to keep the dressings clean and dry. If you experience a lot of pain in the arm, swelling of fingers, high fever like symptoms you should immediately seek advice. Minor superficial infections may require antibiotics.

## **Where to get advice**

If you have any concerns during the post-op period you can get advice or help from one these sources.

1. First contact one of the surgical team at Probus on 01726 885104;
2. Or Contact your local surgery;
3. Out of hours, contact the NHS '111' number; or
4. The A and E department of your local hospital

Severe pain, excessive swelling or bandages that are too tight or bloody should prompt you to seek advice. Take this letter with you and insist that the dressings are removed and the wound inspected before redressing.

## **Students**

We are a teaching and training practice. Sometimes medical students or doctors in training may wish to observe or participate in procedures or operations. They will always be supervised by a senior doctor and will only participate with your approval.

If you do not wish to be seen by trainees or students you are perfectly entitled to withhold your consent.