

Patient Information for Consent

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OS21 Ulnar Nerve Release

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Information about COVID-19 (Coronavirus)

Hospitals have robust infection control procedures in place. However, you could still catch coronavirus either before you go to hospital or once you are there. If you have coronavirus at the time of your procedure, this could affect your recovery. It may increase your risk of pneumonia and in rare cases even death. The level of risk varies depending on factors such as age, weight, ethnicity and underlying health conditions. Your healthcare team may be able to tell you if these are higher or lower for you. Talk to your surgeon about the balance of risk between going ahead with your procedure and waiting until the pandemic is over (this could be many months).

Please visit <https://www.gov.uk/coronavirus> for up-to-date information.

Information about your procedure

Following the Covid-19 (coronavirus) pandemic, some operations have been delayed. As soon as the hospital confirms that it is safe, you will be offered a date. Your healthcare team can talk to you about the risks of having your procedure if you have coronavirus. It is then up to you to decide whether to go ahead or not. The benefits of the procedure, the alternatives and any complications that may happen are explained in this document. If you would rather delay or not have the procedure until you feel happy to go ahead, or if you want to cancel, tell your healthcare team.

If you decide to go ahead, you may need to self-isolate for a period of time beforehand (your healthcare team will confirm how long this will be). If you are not able to self-isolate, tell your healthcare team as soon as possible. You may need a coronavirus test a few days before the procedure. If your test is positive (meaning you have coronavirus), the procedure will be postponed until you have recovered.

Coronavirus spreads easily from person to person. The most common way that people catch it is by touching their face after they have touched a person or surface that has the virus on it. Wash your hands with alcoholic gel or soap and water when you enter the hospital, at regular intervals after that, and when you move from one part of the hospital to another.

Be aware of social distancing. Chairs and beds are spaced apart. If your healthcare team need to be close to you, they will wear personal protective equipment (PPE). If you can't hear what they are saying because of their PPE, ask them to repeat it until you can. You may not be allowed visitors, or your visiting may be restricted.

Your surgery is important and the hospital and health professionals looking after you are well equipped to perform it in a safe and clean environment. Guidance about coronavirus may change quickly your healthcare team will have the most up-to-date information.

What is ulnar nerve compression?

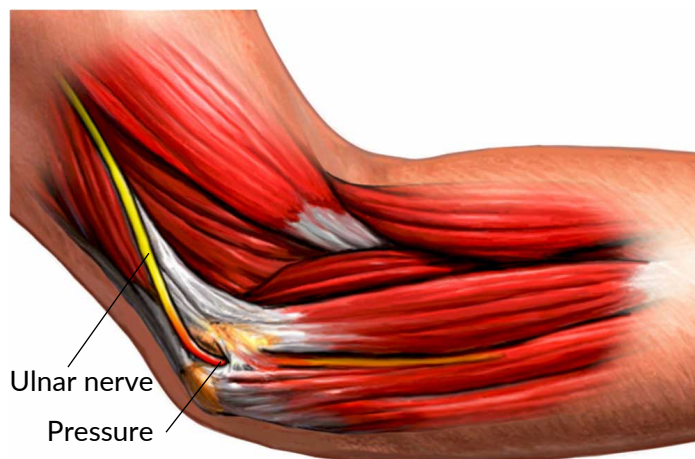
Ulnar nerve compression at your elbow (also called cubital tunnel syndrome) happens when there is increased pressure on the ulnar nerve, as it goes round the back of your elbow.

Your surgeon has recommended an operation called an ulnar nerve release (also called cubital tunnel release). However, it is your decision to go ahead with the operation or not.

This document will give you information about the benefits and risks to help you to make an informed decision. If you have any questions that this document does not answer, ask your surgeon or the healthcare team.

How does ulnar nerve compression happen?

The ulnar nerve goes round the back of the inner side of your elbow (sometimes called your 'funny bone'). It then goes through a tight tunnel between the forearm muscles. If the tunnel becomes too tight it can cause pressure on the nerve, usually resulting in numbness in your ring and little fingers.



Ulnar nerve compression

The symptoms are often worse if you keep your elbow bent for some time.

If your symptoms are less typical, your surgeon may recommend further tests to confirm the diagnosis.

Ulnar nerve compression is sometimes caused by an abnormal band of muscle stretched over the nerve, or arthritis of your elbow. It can also happen to people who do repetitive activities for a long time. However, for most people there is no particular cause.

What are the benefits of surgery?

The aim is to prevent further damage to the nerve. If you have the operation early enough, the numbness in your hand may get better.

Are there any alternatives to surgery?

If your symptoms are mild and happen mostly at night, a splint to hold your elbow straight while you are in bed often helps.

For many people it is best to have an operation to release the nerve to prevent permanent nerve damage.

What will happen if I decide not to have the operation?

If the compression of the nerve is severe and you do not have any treatment for a long time, the nerve may become permanently damaged. This makes some of the small muscles in your hand waste away and you may get permanent numbness in your hand, making it difficult to perform tasks such as doing up buttons and tying shoelaces. An ulnar nerve release operation at this stage may not be able to put right the damage already done.

What does the operation involve?

Remove any rings from your hand before you come into hospital.

The healthcare team will carry out a number of checks to make sure you have the operation you came in for and on the correct side. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

Various anaesthetic techniques are possible. Your anaesthetist will discuss the options with you. You may also have injections of local anaesthetic to help with the pain after the operation. You may be given antibiotics during the operation to reduce the risk of infection. The operation usually takes 30 to 45 minutes.

Your surgeon will make a cut over the back of the inner side of your elbow. They will cut any tight tissue that is compressing the nerve.

Your surgeon may need to remove a piece of bone, or move the nerve so that it lies in front of your elbow. They will discuss this with you. Your surgeon will close your skin with stitches or clips.

What should I do about my medication?

Make sure your healthcare team knows about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

What can I do to help make the operation a success?

If you smoke, stopping smoking now may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

You can reduce your risk of infection in a surgical wound.

- In the week before the operation, do not shave or wax the area where a cut is likely to be made.
- Try to have a bath or shower either the day before or on the day of the operation.
- Keep warm around the time of the operation. Let the healthcare team know if you feel cold.

What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

Some complications can be serious.

You should ask your doctor if there is anything you do not understand.

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

General complications of any operation

- Pain. The healthcare team will give you medication to control the pain.
- Bleeding during or after the operation. This is not usually serious but can cause a painful swelling (haematoma) that takes 1 to 2 weeks to settle.
- Unsightly scarring of your skin (risk: 1 in 60).
- Infection of the surgical site (wound) (risk: 1 in 300). It is usually safe to shower after 2 days if you keep your wound dry and covered. Let the healthcare team know if you get a high temperature, notice pus in your wound, or if your wound becomes red, sore or painful. An infection usually settles with antibiotics but you may need another operation.
- Allergic reaction to the equipment, materials or medication. The healthcare team is trained to detect and treat any reactions that might happen. Let your doctor know if you have any allergies or if you have reacted to any medication or tests in the past.

Specific complications of this operation

- Continued numbness in your ring and little fingers caused by damage to the ulnar nerve or one of its branches before or during the operation. This can be temporary or permanent.
- Return of numbness caused by scar tissue that forms (risk: 1 in 8). You may need another operation to release the nerve again.

- Numbness in a patch of skin just below the tip of your elbow caused by damage to small skin nerves during surgery (risk: 1 in 50) or scar tissue after the operation (risk: 1 in 20). This usually gets better but may be permanent.
- Tenderness of the scar caused by damage to small skin nerves during the operation. This usually gets better but may be permanent.
- Severe pain, stiffness and loss of use of your arm (complex regional pain syndrome). The cause is not known. You may need further treatment including painkillers and physiotherapy. Your arm can take months or years to improve. Sometimes there is permanent pain and stiffness.

How soon will I recover?

In hospital

After the operation you will be transferred to the recovery area and then to the ward. You will have a bandage on your elbow and may need to wear a sling.

You should be able to go home the same day. However, your doctor may recommend that you stay a little longer.

If you do go home the same day, a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours. Be near a telephone in case of an emergency.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

Returning to normal activities

Do not drive, operate machinery or do any potentially dangerous activities (this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination.

If you had a general anaesthetic or sedation, you should also not sign legal documents or drink alcohol for at least 24 hours.

Your surgeon will tell you when you can return to normal activities. You may be told to rest your arm in a sling for a few days. It is important to gently exercise your fingers, elbow and shoulder to prevent stiffness.

After 2 days the dressing can be reduced but keep your wound clean and dry until any stitches or clips come out. The healthcare team will tell you if you need to have any stitches removed.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Do not drive until you are confident about controlling your vehicle and always check your insurance policy and with your doctor.

The future

For some people, symptoms of ulnar nerve compression improve quickly. However, recovery can be slower or less complete because of damage caused by pressure on the nerve before the operation.

Your symptoms may continue to improve for up to 18 months. If you had wasting of the small muscles of your hand before the operation, this is unlikely to get better. However, the operation should prevent further damage to the nerve.

Summary

Ulnar nerve compression causes numbness in your ring and little fingers. An ulnar nerve release may improve your symptoms and should prevent permanent nerve damage.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Acknowledgements

Reviewer: Tim Davis (ChM, FRCS)

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