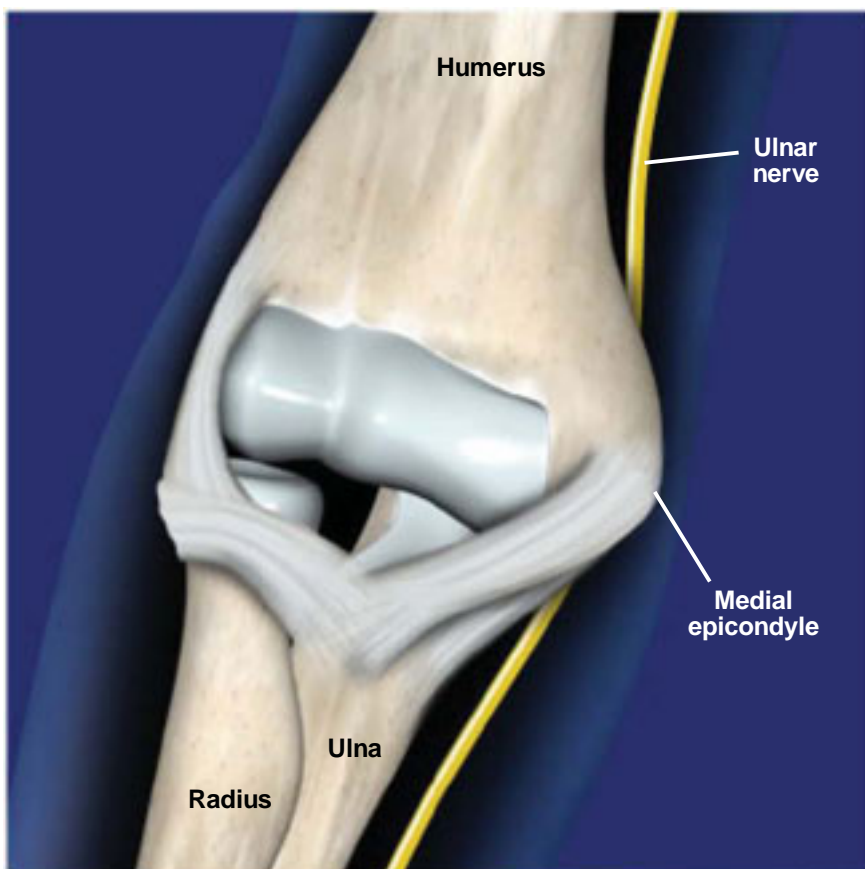




ULNAR NERVE TRANSPOSITION AT THE ELBOW



Overview

This outpatient procedure, performed under general or regional anesthesia, repositions the ulnar nerve to prevent it from sliding against or becoming pinched by the medial epicondyle (the bony bump on the inner side of the elbow). Ulnar nerve transposition is used to treat cubital tunnel syndrome.

Preparation

Anesthesia is administered, and the patient is positioned to allow access to the inner side of the arm. The area is cleaned and sterilized.

Accessing the Joint

The surgeon makes an incision along the inner side of the elbow to access the ulnar nerve and medial epicondyle.

Rerouting the Nerve

The surgeon carefully moves the ulnar nerve from behind the medial epicondyle to a new position in front of this bony bump. The nerve can be routed over, through, or under the muscles of the forearm. The new placement will prevent the nerve from being compressed against the medial epicondyle when the elbow is bent.

End of Procedure and Aftercare

The incision is closed with sutures, and the arm is bandaged and placed in a splint. The patient is allowed to go home the same day. The patient may be required to wear a splint for one to two weeks after the surgery. Occupational or physical therapy may be required after the arm has healed.

