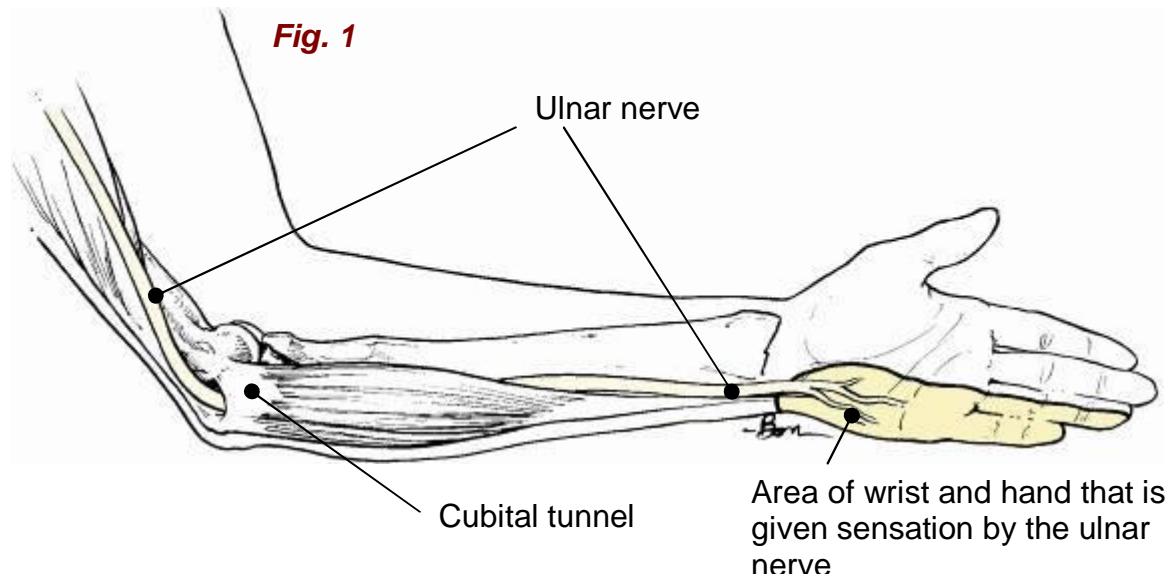


CUBITAL TUNNEL SYNDROME is a condition in which the ulnar nerve becomes trapped or pinched at the elbow in the area commonly known as the funny bone. The ulnar nerve is held tightly against bone by a ligament as it passes around the back of the elbow. The ulnar nerve passes from the upper arm behind the medial, or inner part, of the elbow through the cubital tunnel to the forearm and into the hand (Fig. 1). This nerve controls muscles in the forearm, wrist, and hand, and it supplies sensation to the ring and little fingers.



Causes. Anything that stretches, increases pressure on, or directly injures the ulnar nerve can cause cubital tunnel syndrome. When the elbow is bent, the ulnar nerve is stretched in the cubital tunnel. Resting your elbows on a table for a long time is an activity that can cause the syndrome because it puts constant, direct pressure on the ulnar nerve. A direct injury to the nerve from an elbow fracture or dislocation or scarring in the elbow after an injury can pinch the ulnar nerve, causing cubital tunnel syndrome.

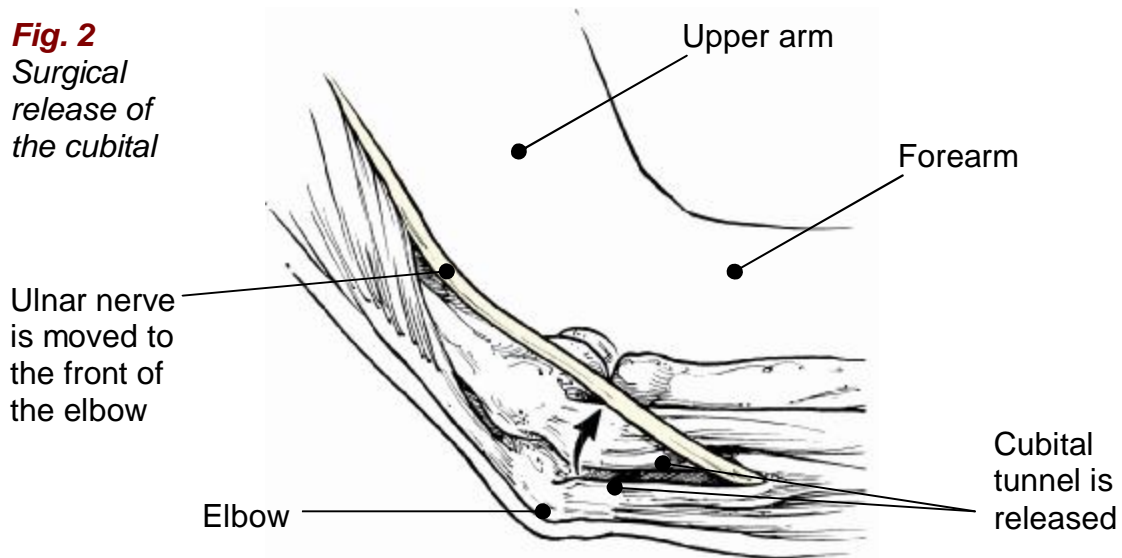
Symptoms. The two most common symptoms of cubital tunnel syndrome are numbness and tingling in the ring and little fingers and a dull, aching feeling in the medial, or inner part, of the elbow. A person with cubital tunnel syndrome often wakes up at night with severe numbness in the ring and little fingers. Your symptoms may be worse when you do activities that cause you to bend your elbow completely, such as talking on the telephone, or when you put direct pressure on the ulnar nerve at the elbow, such as resting your elbows on a table. Your wrist and hand may feel weak when the nerve is compressed because the ulnar nerve controls many muscles.

Diagnosis. A physical examination is an important part of diagnosing the syndrome. Your doctor will perform several tests on you designed to reproduce your symptoms. To more accurately study the ulnar nerve as well as the other

nerves in your arm, your doctor may suggest you have a nerve conduction study (NCS) and electromyogram (EMG). These tests help the doctor locate the exact area where the ulnar nerve is compressed. However, it is possible to have cubital tunnel even if the nerve studies are normal. The tests also tell the doctor if other nerves in your arm are involved.

Treatment. First, your doctor may prescribe an anti-inflammatory medication, such as aspirin or ibuprofen, as well as vitamin B6, to help reduce the swelling around the nerve. You also will wear an elbow pad. During the day, the elbow pad is placed over the back of the elbow to protect the nerve. At night, the pad is placed over the front of the elbow to prevent elbow flexion (bending) and stretching of the nerve.

Fig. 2
*Surgical
release of
the cubital*



These treatments provide most people with some relief from their symptoms. If your daily activities are contributing to the symptoms, changing the way you do your job or other activities may also provide relief.

If non-operative treatment does not relieve your symptoms, you may need surgery to release the ulnar nerve. The pinched nerve is treated by opening the tight compartment or tunnel through which it runs and often by moving the nerve to a safer position, usually toward the front of the elbow (Fig. 2). Most people can have surgery on an outpatient basis, which means you do not have to spend the night in the hospital. Surgery is fairly predictable at relieving the numbness and tingling in your fingers, the nighttime symptoms, and the aching in your elbow. After your surgery, you will begin exercises to regain elbow motion.

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