

Cubital Tunnel Syndrome (Ulnar neuritis)

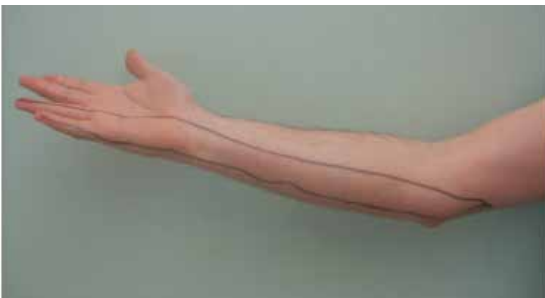
The aim of this information sheet is to give you some understanding of the problems you may have with your hand. It has been divided into sections, describing what we know about cubital tunnel syndrome and your treatment options. It is not a substitute for professional healthcare advice and should be used in conjunction with verbal information given by your GP or Physiotherapist.

What is Cubital Tunnel Syndrome?

It occurs when a nerve (ulnar) is squashed at the elbow. The ulnar nerve controls many small muscles in your hand and feeling to your ring and little fingers.

Compression of the nerve can lead to tingling or 'pins and needles' sensation in the small and ring fingers and clumsiness or weakness of the hand. This can lead to pain and swelling.

Most cases will be minor and tend to come and go with time. In more extreme cases however the pressure on the nerve can disturb the way the nerve works. Although the nerve can be trapped in several places near the elbow, the cubital tunnel is the most common.



What causes Cubital Tunnel Syndrome?

In most patients, we do not know the causes. Some things that bring on the symptoms are:

- Sleeping with arm folded up and elbow bent
- Diabetes
- Previous elbow injuries/fractures
- Arthritis & rheumatoid disease
- Leaning your arm against a table on the inner part of the elbow
- Usually occurs in middle age

Symptoms of Cubital Tunnel Syndrome

- Pain on the inner aspect of the elbow
- Numbness and/or tingling in the ring and little fingers
- Worse at night or first thing in morning
- Felt more when there is pressure on the nerve, e.g. leaning on your elbow
- Muscles in the hand may lose strength
- Weakness while pinching
- Clumsiness, and/or a tendency to drop things.
- In severe cases, feeling may be lost in the ring and small fingers

Diagnosis of Cubital Tunnel Syndrome

The main way we diagnose cubital tunnel syndrome is through what you tell us and by examining your elbow and hand. Movement, feeling and muscle strength are all tested. Tapping over the nerve may increase your symptoms. You may be referred for electrical tests (nerve conduction studies) to confirm the diagnosis of cubital tunnel syndrome. This will also tell us how badly the nerve is trapped.

Treatment of Cubital Tunnel Syndrome

Self help: Some mild cases of cubital tunnel syndrome may recover on their own. Sometimes people find that symptoms become progressively worse. Try not to lean on your elbow. Avoiding putting your elbow on hard surfaces may help, or wearing an elbow pad over the ulnar nerve and “funny bone” may help. Keep more space between your work station and your chest if working at a desk to keep the elbows straighter.

Medication

Many people use medication to help them remain active and to cope with their pain and symptoms. It is recommended you take any medication as prescribed.

Work

It is usually recommended that you try to stay at work, or get back to work as soon as possible. You do not need to be pain or symptom free to return to work. Research has shown the longer you are off work the less likely it is that you return.

Nerve gliding

Lift your hands above your head and then put them over your ears. Bring your hands back down to your side. Do this 2 times a day 10 times in a row.

Surgery

The aim of surgery is to reduce pressure on the nerve by creating more space for the nerve. The choice of the operation depends where the nerve is trapped.

Try to stay positive. There is a lot you can do to help yourself. Most symptoms do settle with time.

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