

Summary

Ulnar Neuropathy is the second most common cause of tingling fingers and is also the most treatable.

All the treatments listed here are proven to be effective provided they are used in a timely manner.

If your symptoms are not responding to either splints or physiotherapy, it is really important you are reassessed by your doctor for escalation of treatment.

You can also see my video explaining UNE on YouTube by searching for 'Freilich Ulnar Neuropathy' or following the QR code below.



Patient advice and liaison service (PALS)

If you have a question, compliment, comment or concern please contact our PALS team on 020 7288 5551 or whh-tr.whitthealthPALS@nhs.net

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Ulnar Neuropathy at the elbow

A patient's guide

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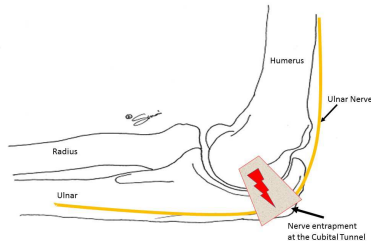
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Ulnar Neuropathy across the elbow

The ulnar nerve provides sensation to the little and ring fingers as well as controlling most of the hand muscles.

UNE occurs when the ulnar nerve becomes entrapped and damaged as it passes across a bony groove forming the 'cubital tunnel' at the base of the elbow. This is why the condition is also called cubital tunnel syndrome.



The main causes of nerve damage are longstanding (chronic) pressure and stretching of the relatively delicate nerve across this hard groove.

Common habits, such as leaning on the elbows, are a direct cause of increased pressure e.g. desk workers, use of chairs with elbow rests, wheelchair users with hard elbow supports. Those who are used to sleeping with their elbows bent can also stretch the nerve against the bone.

UNE can also be caused by elbow fractures (it may even occur many years later) and is also quite common in diabetes.

Symptoms

The commonest symptoms are tingling fingers and progressive numbness particularly affecting the ring and little fingers. As it becomes more advanced, patients lose grip strength and the hand muscles can waste. The little finger can become clawed, and patients often find that their fingers catch in their pockets when they are trying to remove items from them.

Treatment

It is important to get the right treatment in a timely way. The type of treatment recommended will depend on the severity of the UNE.

Mild UNE often resolves with simple measures, particularly when avoiding exacerbating causes.

Avoid all pressure on the elbows

- Remove elbows from desks
- Remove elbow supports from chairs

Avoid stretching the nerve at the elbow

- Sleep with your arms straight
- Avoid hobbies/sports that involve repetitive bending movements of the arm

We often recommend wearing an elbow splint (mainly at night) for a trial of 12 weeks. This helps prevent the elbow from bending as well as providing additional external padding to protect the nerve.

Physiotherapy, to teach nerve gliding exercises, has also been shown to be an effective treatment. These conservative interventions have been shown to be between 80-90% effective. If there hasn't been an adequate response over a period of 12 weeks, then please see your doctor again for re-evaluation and escalation of treatment

Moderate UNE may also still show benefit from elbow splinting and physiotherapy. However, a sizeable proportion will not respond and may need to go on to have the nerve released surgically. Currently, there is no evidence to suggest that steroid injections have any significant direct benefit.

Non-responding Moderate and Severe UNE are only really treatable with surgery. The nerve can either be released from the tunnel (decompressed) or can even be moved away (transposed). The operation is usually done under a general anaesthetic and takes around 1 hour. Nerve recovery can take some months following this, but the best outcomes occur whilst the UNE is still moderate.