### COMMON QUESTIONS & ANSWERS

**HOW LONG DOES THE SURGERY TAKE?**
Surgery usually takes 20-30 minutes.

**WHERE IS IT PERFORMED?**
Surgery is performed at Athens Orthopedic Clinic's Outpatient Surgery Center or at one of the hospitals.

**DOES IT REQUIRE GENERAL ANESTHESIA?**
General Anesthesia is required.

**WHEN CAN I RETURN TO WORK?**
After surgery, there are no restrictions on activities; however, heavy lifting may cause pain for up to several weeks.

**WHEN CAN I SHOWER?**
The wound can get wet after three days. No soaking (i.e., swimming) for 1-2 weeks.

### ABOUT DR. MICHAEL SHULER

Dr. Shuler is originally from Atlanta, GA. He attended the University of North Carolina at Chapel Hill, where he majored in Biology and minored in Business Administration as well as Chemistry.

He obtained his medical degree from Johns Hopkins University School of Medicine in Baltimore, MD, and subsequently completed his Orthopedic Surgery training at Emory University in Atlanta, GA. Finally, Dr. Shuler spent an additional year of training focused solely on hand and upper extremity surgery and microsurgery at the University of Washington in Seattle.

Dr. Shuler has practiced in Athens since 2008, as a hand and upper extremity surgeon. Dr. Shuler is board certified, has passed his subspecialty exam for surgery of the hand, and is a member of the AAOS and ASSH.

### ATHENS ORTHOPEDIC CLINIC

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**About Cubital Tunnel Syndrome**

Cubital tunnel syndrome is a condition where the ulnar nerve becomes entrapped in a tight tunnel called the cubital tunnel at the elbow. This syndrome is similar to the more commonly encountered carpal tunnel syndrome which occurs at the wrist. The ulnar nerve is the nerve affected when you hit your “funny bone.” The ulnar nerve provides sensation to your small and ring fingers as well as several muscles in the hand and forearm.

**Symptoms**

Typical symptoms include the small and ring fingers falling asleep either at night time or during activities such as brushing your hair/teeth or talking on the phone. Symptoms are typically made worse with elbow flexion. Additionally, in advanced cases, muscle wasting and clumsiness with the affected hand can occur. Lastly, elbow or forearm pain can occur with cubital tunnel syndrome.

**Diagnosis**

The diagnosis is made through both clinical exam and specialized tests. Typically, there can be decreased feeling in the small finger and part of the ring. Additionally, the nerve when tapped at the elbow will shoot tingling feelings down the arm similar to hitting your funny bone. This is called a “Tinel’s sign.” Cubital Tunnel Syndrome can also be diagnosed with clinical tests in the office along with EMG/NCV which can be performed at AOC by Dr. Savitz, Dr. Hu, or a local neurologist. This test involves some needles and electrical pulses being sent down the nerve. The speed at which the nerve conducts electricity is measured. Slowed conduction velocities indicate the nerve can be entrapped at the elbow. All insurance companies require this diagnostic test before surgical intervention can be performed.

**Conservative Treatment**

No conservative treatment has been shown to relieve pressure on the nerve. However, some strategies can make symptoms better or relieve mild cases.

- Non-operative treatment typically can include splinting and/or anti-inflammatory medications.
- Splinting works by preventing the elbow from flexing and keeping the arm in extension (straightened).
- Permanent nerve injury can occur if symptoms do not resolve and are left untreated for long periods of time.

**Surgical Treatment**

Surgical treatment is aimed at relieving pressure on the nerve that prevents it from functioning normally. By releasing the ligament pressing on the nerve, pressure is released and the nerve can function better. Previous treatments included approximately a 12 inch incision at the elbow and moving the nerve to the front of the elbow (transposition). This surgery typically required splinting and modified activities for up to 6 weeks or longer. Research has shown a simple release can be as effective in treating the condition. The endoscopic release relieves pressure on the nerve without moving it.

- An endoscopic release uses a camera with an incision approximately 1-1 ½ inches in the skin.
- An incision under the skin is made from the mid arm to the mid forearm (~12 inches)
- Surgery typically takes approximately 20-30 minutes and is performed in an outpatient setting.
- Recovery typically takes 1-3 weeks, however soreness can last up to 2 months
- Return to work/normal activity is permitted when comfortable

**RECOVERY**

Bruising in the arm is quite common. Numbness or tingling in the small and ring fingers in the first couple days is common due to the local anesthetic. The bruisin can last several days to about 2 weeks. Soreness from the mid arm to the mid forearm is quite common since the incision under the skin is in this area. No activity restrictions are necessary, and any activity you can tolerate is permissible.

Nerve recovery can involve numbness and tingling as the nerve regenerates from the elbow to the finger tips. This process can take up to 2-3 months or longer to recover normal sensation at the finger tips due to the distance from the elbow to the finger tips.