

Orthopaedic Connection

The Ulnar Nerve Becomes Famous

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Transforming patient information into patient understanding.

I hope by now you realize that if your Ulnar nerve is not working you are in a pickle. Without Ulnar nerve function your hand becomes almost useless to you.

Who is at Risk?

- Any fall with injury to the elbow
- Typists, data entry, drivers
- Diabetes patients
- Patients with arthritis
- Thyroid disease
- Alcoholics

A patient with an Ulnar nerve problem typically loses feeling in the little finger and part of the adjacent ring finger. Strength in the hand is lost and the hand feels very clumsy.

Conservative Treatment

If I have diagnosed that your Ulnar nerve is not working properly, chances are very high that there is pressure on the nerve as it passes the elbow on the inner or medial side.

As I write this my elbow is resting on the desk with pressure on the inner side. If I had any difficulty with my Ulnar nerve my hand would begin tingling and it would be very hard to hold the pen.

- Keeping the elbow as straight as possible puts less pressure on the Ulnar nerve.
- Avoid crossing your arm across your chest.
- Adjust your work area so you don't have to bend the elbow more than 30 degrees and keep the wrist in a neutral position.
- Consider wearing a splint at night to help keep the elbow straight.
- Use a padded elbow protector for sports or work to avoid bumping the elbow.
- If hand symptoms persist, a steroid injection at the elbow might be advised to reduce swelling and pressure.

Electrodiagnostic Testing

This is an office procedure usually done by a physician who is a Neurologist. It is often called an EMG and NCT (nerve conduction time). This test can be very helpful in diagnosing exactly where the Ulnar nerve is affected from its origin in the neck to where it ends in the hand. Nine times out of ten the problem is at the elbow and I can also learn how "sick" the nerve actually is.

Incidentally this is the same test I use to confirm the diagnosis of carpal tunnel syndrome at the wrist.

Ulnar Nerve Surgery

It is good to know that if all else fails there is an operation that can remove pressure from the nerve and restore function to the hand.

It's like carpal tunnel surgery in that I relieve all pressure on the nerve by doing the surgery, but it is more complicated. I do carpal tunnel surgery by making a 1 inch incision in the palm after the anesthesiologist has put the hand and forearm to sleep.

Ulnar nerve surgery frequently requires a general anesthetic and a 3 inch incision on the inner aspect of the elbow. Not only do I need to decompress the pressure on the nerve, but I need to move the nerve to a new home more to the front (anterior) aspect of the arm.

In carpal tunnel surgery I place a padded splint on the hand and wrist for about 10 days.

In Ulnar nerve decompression and transposition the entire arm needs to be splinted at a 90 degree angle at the elbow for 3 – 4 weeks for the nerve to get use to its new surrounding.

Gradual use of the arm thereafter out of the splint is allowed.

And often occupational (physical) therapy is needed for some weeks to restore hand function.

Aren't you happy your Ulnar nerves are O.K? But if trouble develops you won't be clueless about the problem.

See you next week.

Office Website and Gratiot County Herald Archive

Wow! Your window to the Orthopaedic and musculoskeletal world opens at www.orthopodsurgeon.com. It contains 1) The Website Library of Information 2) Your Orthopaedic Connection 3) GCH Archive of all previous articles.

You will be amazed at all the helpful information it contains.

All of the information pertains to everything I treat in the office and hospital.

Be well. Good health, good life, all the best to you.

Dr. Haverbush