

Orthopaedic Connection

Ulnar Nerve Trouble

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Transforming patient information into patient understanding.

Everyone who has heard of the Ulnar nerve or who knows where it is – raise your hand. That’s what I thought. Nobody. Well, that’s why I am writing this article.

O.K. Let’s try this. Everybody who has hit their funny bone and felt tingling down their arm, raise your hand. Almost everybody.

Your funny bone is not a bone at all. Actually it is, “ta da”; the Ulnar nerve.

The Ulnar nerve is one of the Big Four nerves in the arm. It comes from deep in the shoulder and passes all the way to the fingers. When you whack it at the elbow you get this intense pain and stinging.

Unprotected

Nerves are supposed to be well protected by tissue over them, but not the Ulnar nerve. It’s sort of a freak of nature you might say.

Injury to the Nerve

- Elbow fracture
- Elbow dislocation
- Laceration of the elbow
- Prolonged pressure on the nerve
- Infection or inflammation around the nerve

Signs of Trouble

- Tenderness along inside of the elbow is the most typical finding
- Tingling and numbness in the ring and little fingers (especially at night)
- Hard to coordinate the hand as in typing
- Muscle weakness in the hand
- Wrist pain on the little finger side

Who is at Risk

- Anyone who falls on or injures the elbow
- People who have to excessively bend the elbow in their work
- Diabetes
- People with arthritis in the elbow
- Thyroid problem
- Alcoholism
- Repeated sports injuries

How I Diagnose it

- Often I can tell even from the history
- Tenderness over the Ulnar nerve especially at the elbow

- X-ray of the elbow
- Weakness or atrophy of hand muscles
- Decrease feeling in the little and ring fingers
- Electro-diagnostic test of the nerves of the upper extremity (EMG)

Conservative Treatment

- Keep elbow straight as much as possible
- Straight elbow = less pressure on nerve
- Adjust your work place if possible to limit elbow bending
- Use elbow protectors in sports or work if you bump the elbow or have pressure on it
- Medication is rarely helpful
- Physical therapy not too helpful
- I occasionally use a steroid injection to try to reduce swelling and pressure

The S Word

If conservative treatment doesn't work or the hand gets weaker and more numb surgery is required. If the nerve continues to be "sick" too long it may not be able to recover even if you have surgery. Permanent nerve damage occurs in other words.

The Operation

I do the surgery as an outpatient under general anesthesia. The Ulnar nerve must be decompressed or even moved to a new location away from pressure. It can take a few months for the nerve to recover function. A few nerves are too "sick" to be able to recover fully.

A large bandage and a long arm splint are required initially. After a week or so I remove the sutures and let the person shower. A further period of splinting after sutures are removed lasts for about three weeks.

My patients put their trust in me and what I do improves the quality of their lives.

Gratiot County Herald Archive and Office Website.

I sincerely appreciate all of you loyal readers and patients present and future and welcome all newcomers!

Besides what you read today there is a huge treasure trove of Orthopaedic and musculoskeletal information at www.orthopodsurgeon.com. It contains the Website Library, Your Orthopaedic Connection and complete archive of every GCH article I have written.

I specialize in you. Be well.

Dr. Haverbush