

Cubital tunnel decompression and ulnar nerve transposition

Release of the ulnar nerve at the inner side of the elbow. For patients, physiotherapists, and GPs.

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The plan at a glance

The phases below are for simple decompression, where the nerve is released and left in place. If the nerve was moved to the front of the elbow (transposition), the restrictions are tighter. See the section on changes to the protocol.

	Phase 1 Weeks 0 to 2	Phase 2 Weeks 2 to 6	Phase 3 After 6 weeks
Dressing	Bulky bandage for 2 to 3 days, then a light dressing	None	None
Movement	Full elbow, wrist, and finger movement	Full, with nerve gliding	Full
Load	A cup of tea	Up to 2 kg	Progressive strengthening
Review	Wound check at 10 to 14 days	Clinic at 6 weeks	Discharge when settled

Darker shading means tighter restriction. Times are guides. Your surgeon's instructions take precedence where they differ.

Seek advice urgently if

- The wound becomes red, hot, or swollen, or it leaks or opens.
- You have a fever or feel unwell.
- Numbness or weakness in the hand becomes worse than before surgery.
- The nerve flicks or snaps over the inner elbow when you bend it.
- The elbow swells rapidly and feels tight.
- The hand becomes cold, pale, or blue.

Call 999 or go to the Emergency Department for shortness of breath or chest pain.

For anything else on this list, contact your surgical team the same day. Out of hours, call NHS 111.

Phase 1

Protect: weeks 0 to 2

Aims: control swelling, keep the elbow moving, let the wound heal.

Do

- Use a sling for comfort for the first day or two only.
- Bend and straighten the elbow fully, ten times every two hours.
- Make a full fist and spread the fingers wide, every hour.
- Reduce the bulky bandage to a light dressing at two to three days.
- Use the hand for light tasks: eating, dressing, typing.
- Keep the wound dry until the wound check.

Avoid

- Leaning on the inner side of the elbow.
- Keeping the elbow bent for long periods: phone calls, sleeping with the arm tucked up.
- Lifting anything heavier than a cup of tea.
- Soaking the wound.

Expected in this phase

Tingling in the little and ring fingers often eases early. Constant numbness and weakness recover slowly, over many months. A numb patch over the point of the elbow is common.

Phase 2

Recover: weeks 2 to 6

Aims: soften the scar, keep the nerve gliding, return to light work.

Do

- Massage the scar once the wound has fully healed.
- Do nerve gliding exercises as taught by your therapist.
- Keep full elbow movement.
- Build grip with soft putty.
- Pad the elbow if you must rest it on a hard surface.

Avoid

- Lifting more than 2 kg.
- Leaning on the elbow.
- Repeated forceful bending and straightening: hammering, throwing.
- Body weight through the arm.

Move on to Phase 3 when

The wound has healed, the scar is comfortable, and elbow movement is full.

Phase 3

Strengthen: after 6 weeks

Aims: restore grip and hand strength, return to full activity.

- Strengthen grip, pinch, and the small muscles of the hand.
- Return to the gym and to sport in stages.
- Return to heavy manual work at six to eight weeks.
- Keep avoiding long periods with the elbow fully bent.

What to expect

Nerve recovery continues for 12 to 18 months. Where the hand muscles had wasted before surgery, strength may not return fully. The aim then is to stop it getting worse.

Return to activity

Typical times from surgery. Each depends on comfort, movement, and healing.

Activity	From	Condition
Desk work	1 week	Elbow not resting on the desk edge
Driving	1 to 2 weeks	Comfortable full elbow movement
Swimming	3 weeks	Wound fully healed
Light manual work	3 to 4 weeks	Within the 2 kg limit
Gym	6 weeks	Build load gradually
Cycling	6 weeks	Hands tolerate pressure on the bars
Golf, racket sports	6 to 8 weeks	Comfortable grip
Heavy manual work	6 to 8 weeks	Good strength
Contact sport	8 weeks	Scar settled

Changes to the protocol

Your surgeon will tell you which operation was done and whether any of these apply.

- **Transposition under the skin (subcutaneous).** The elbow rests in a sling for one to two weeks. Movement then starts. Do not force the elbow fully straight for three weeks. Loading follows the phases above, two weeks later.
- **Transposition under the muscle (submuscular).** The forearm muscles are detached and repaired. A splint holds the elbow at 90° for two to three weeks. No gripping, no resisted wrist bending, and no forceful forearm turning for six weeks. Strengthening starts at eight weeks. Heavy work and sport at three to four months.
- **Removal of part of the bone (medial epicondylectomy).** Treat as submuscular transposition.
- **Revision surgery.** Recovery is slower and less predictable.
- **Smoking and diabetes.** Both slow healing. Stop smoking and vaping nicotine. Keep blood sugar well controlled.

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This protocol is general guidance for uncomplicated ulnar nerve decompression at the elbow. It is not a substitute for individual medical advice. Instructions from your own surgeon and therapist take precedence.

Version 1.0, October 2026. Review due October 2028.