CUBITAL TUNNEL SYNDROME GUIDANCE

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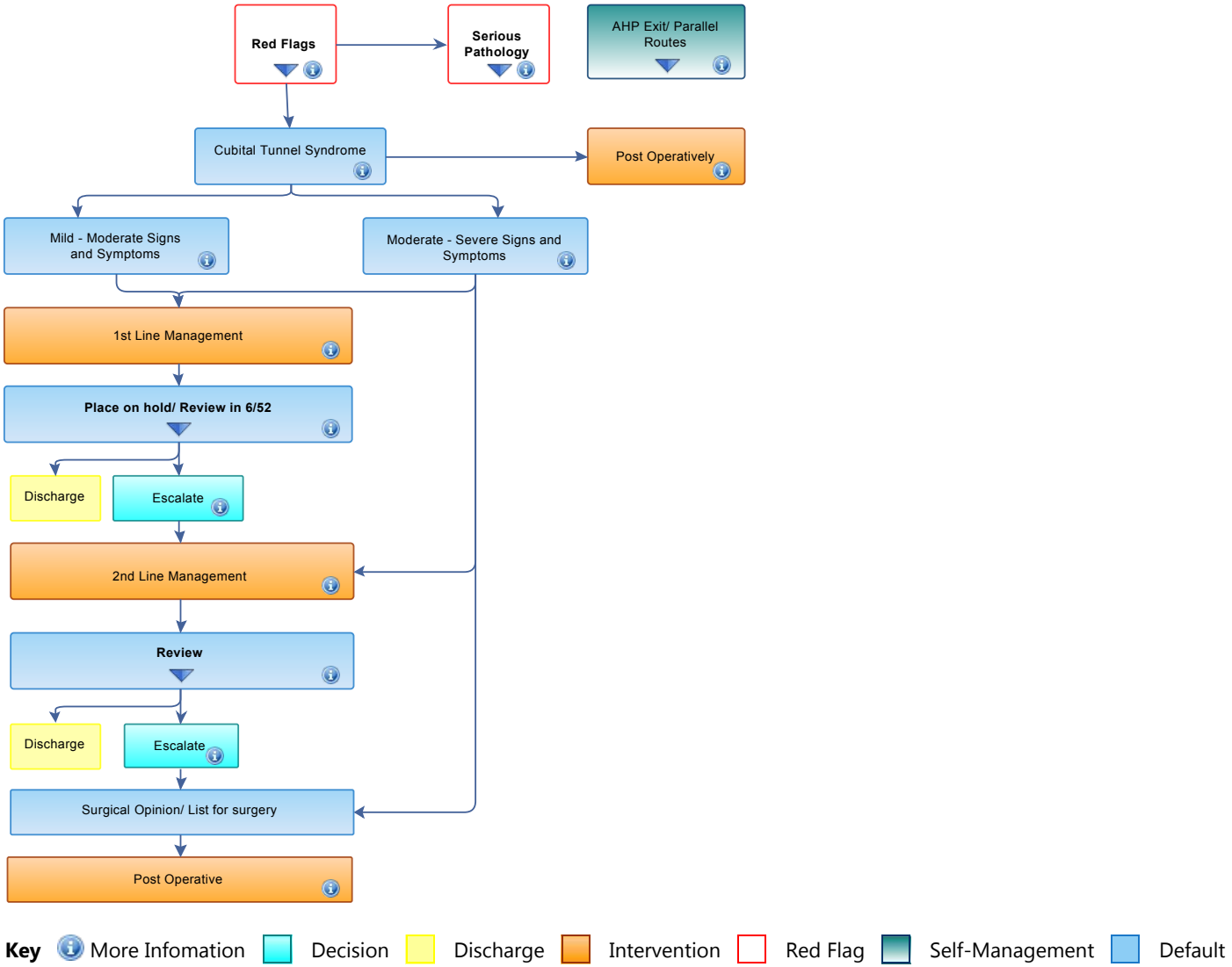

GENERAL RELATED INFORMATION FOR PATHWAY

Copyright Information

SPECIFIC RELATED INFORMATION FOR PATHWAY SECTIONS

RED FLAGS

Pathways

Related pathway: MSK Foot and Ankle Red Flags NHSGGC

SERIOUS PATHOLOGY

Pathways

Related pathway: Serious Pathology

AHP EXIT/ PARALLEL ROUTES

Pathways

Related pathway: exit routes x 6

CUBITAL TUNNEL SYNDROME

Information

Description

Cubital tunnel syndrome occurs due to compression of the ulnar nerve at the elbow. It is the second most common nerve compression and causes para/anaesthesia of the little and ulnar half of the ring finger with weakness of small muscles of the hand and/or the thumb.

Diagnosis

Diagnosis is made on a combination of subjective history and clinical findings.

Physical examination

- Inspect for evidence of hypothenar and first doral interosseous wasting and intrinsic muscle loss. In severe disease clawing of the little and ring fingers may occur.
- Froment's Sign: The patient is asked to hold a piece of paper between the thumb and a flat palm as the paper is pulled away. Positive response: flexion of the thumb to try to maintain a hold on the paper. https://www.youtube.com/watch?v=yJTIhm1VfSI
- Assess for sensory loss in the correct distribution, although more likely to be positive in severe cases. Decreased sensation should be restricted to the ulnar nerve distribution (the little and ulnar half of the ring finger). Preserved dorsal ulnar hand sensation suggests a more distal lesion, such as compression within Guyon's canal.
- Elbow flexion test; elbow held fully flexed, with the wrist in neutral for 1 minute

Differential Diagnosis

- Ulnar nerve compression elsewhere
- Cervical nerve root entrapment (C8/T1 radiculopathy)
- Thoracic outlet syndrome
- Diabetic polyneuropathy
- Post fracture/ trauma of upper limb - secondary complication which may resolve with time or require review by orthopaedics
- Pancoast Tumour
- Other nerve entrapments

Knowledge Network

Cubital Tunnel Syndrome

POST OPERATIVELY

Information

Appointment with hand therapist 10-14 days post-op, appointment arranged prior to discharge.

Aim of therapy
Remove stitches, education on wound care, stretches and advice on activity management.
Review appointment if required.

Patient given contact telephone number to organise review appointment if return in function of hand does not progress as explained/expected or pain becomes problematic. Consult guidelines on diagnosis and management of Complex Regional Pain Syndrome, Pain Pathway, Exit/Parallel routes

MILD - MODERATE SIGNS AND SYMPTOMS

Information

- Intermittent paraesthesia in ulnar nerve distribution
- Intermittent nocturnal wakening
- +/- pain
- Reversible numbness or pain
- "Weakness"/ clumsiness
- Interference with ADLs

MODERATE - SEVERE SIGNS AND SYMPTOMS

Information

- Diminished sensation/ constant paraesthesia
- Nocturnal wakening
- Disabling pain
- Wasting of hypothenar and intrinsic muscles, including 1st dorsal interosseous muscle
- Clawing of the little and ring fingers

- Marked interference with ADLs

1ST LINE MANAGEMENT

Information

Information on the nature and management of cubital tunnel syndrome should be given to the patient. Advice on avoiding movements or positions that aggravate activities, i.e. leaning on elbow, maintaining the elbow in a flexed position for long periods. May be given advice on use of towel, taping or splint to prevent elbow flexion. National Patient Information Leaflet for Cubital Tunnel Syndrome

Review in 6 weeks (use clinical judgement as to whether on hold, telephone or pre booked appointment). If symptoms have diminished then discharge. If there has been a poor or no response to conservative management, consider referral to Orthopaedics. Ensure the patient is willing to consider surgical management.

Treatment with Limited Evidence

Splinting; guidelines provide conflicting information on night splints.

Guidelines

Treatment of painful tingling fingers, Nice Commissioning Guidance

Cochrane, Management of Ulnar Neuropathy

Knowledge Network

Cubital Tunnel Syndrome

Treatment for ulnar neuropathy at the elbow
Publisher: Centre for Reviews and Dissemination (CRD)
Date Published: 2012

Patient Information

Cubital Tunnel Syndrone, Patient Information BSSH

National Cubital Tunnel Patient Information Sheet

Wrist Hand and Finger Problems - NHS Inform

PLACE ON HOLD/ REVIEW IN 6/52

Information

Review in 6 weeks (use clinical judgement as to whether on hold, telephone or pre booked appointment).

Pathways

Related pathway: Reflect Review

DISCHARGE

NO RELATED INFORMATION

ESCALATE

Information

- Failure to respond to conservative management.
- Severe presentation

Research states that reoccurrence rates are high and if intrinsic atrophy is noted need to refer urgently for surgical intervention.

If patient does not wish to consider surgery, then discharge.

Guidelines

NICE Guidelines Painful Tinging Fingers

Patient Information

BSSH Cubital Tunnel Patient Information Leaflet

2ND LINE MANAGEMENT

Information

Assess level of compliance to conservative management.

Consider referral for nerve conduction studies, if positive discuss if patient is willing to consider surgery. List for surgery if appropriate.

Treatment with limited evidence

Splinting; guidelines suggest no benefit from night splints for this condition.

Guidelines

Treatment of painful tingling fingers. Nice Commisioning Guidance.

Cochrane Management of Ulnar Neuropathy

Patient Information

NHS Infrom - Wrist hand and finger problems

Cubital Tunnel Syndrome Patient Information BSSH

National Cubital Tunnel Patient Information Sheet

REVIEW

Pathways

Related pathway: Reflect Review

DISCHARGE

NO RELATED INFORMATION

ESCALATE

Information

- Failure to respond to conservative management.
- Severe presentation

Research states that reoccurrence rates are high and if intrinsic atrophy is noted to refer urgently for surgical intervention.

If patient does not wish to consider surgery, then discharge.

SURGICAL OPINION/ LIST FOR SURGERY

NO RELATED INFORMATION

POST OPERATIVE

Information

Appointment with hand therapist/ nurse led clinic 10-14 days post-op, appointment arranged prior to discharge.

Aim of therapy

Remove stitches, education on wound care, stretches and advice on activity management.
Review appointment if required.

Patient given contact telephone number for clinic to organise review appointment if return in function of hand does not progress as explained/expected or pain becomes problematic. Consult guidelines on diagnosis and management of Complex Regional Pain Syndrome Exit/ Parallel routes