

Postoperative Instructions and Recovery Cubital Tunnel Release

This guide offers general milestones; however, your surgeon may adjust instructions based on your specific condition. Always follow the instructions given by your healthcare team.

Immediate Post-Op (0-2 Weeks)

1. Incision and Wound Care

- Keep your incision and dressing clean and dry.
- Do not remove your dressing or splint unless instructed by your surgeon.
- The dressing is usually left in place until your first postoperative visit, or it may be changed earlier if it becomes wet, loose, or saturated.
- If the dressing falls off, replace it with a clean, dry bandage and keep the incision protected.
- Do not apply ointments, creams, peroxide, or alcohol to the incision unless instructed.
- Check daily for redness, warmth, increased swelling, drainage, foul odor, or wound opening.

2. Bathing

- You may usually shower 24-72 hours after surgery if the dressing can be kept dry.
- Cover the elbow and dressing with a waterproof covering while showering.
- Do not soak the elbow or incision.
- No baths, hot tubs, swimming, dishwasher soaking, or submerging the incision until the wound is fully healed and cleared by your surgeon.
- If the dressing becomes wet, replace it with a clean, dry dressing or call the office for instructions.

3. Pain Management

- Take prescribed pain medications only as needed, following the instructions.
- Ice may be used for pain and swelling, but keep the dressing dry. Do not place ice directly on the skin.
- Elevate the arm and hand above heart level as much as possible for the first few days.
- Mild bruising, swelling, soreness, and stiffness around the elbow are common after surgery.
- Numbness and tingling may improve quickly, but ulnar nerve recovery can take weeks to months, especially if symptoms were severe or longstanding before surgery.
- If no restrictions, it is OK to utilize non-narcotic medications like Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) and Tylenol (Acetaminophen). Examples of NSAIDS include: Follow the bottle instructions for dosing.
 - Ibuprofen (Advil, Motrin IB)
 - Naproxen (Aleve, Anaprox DS)
 - Meloxicam (Mobic)
 - Diclofenac
 - Indomethacin

- Etc.
- Narcotic medications you may be taking for pain control can cause constipation. You may take stool softener to avoid this. Keep bowels regular by drinking fluids, adding fiber to diet, and being active.
- Restart home medications as directed by primary care.

4. Activity

- Move your fingers, hand, and shoulder gently several times per day unless instructed otherwise.
- Elbow motion depends on the exact procedure performed. If you had a simple cubital tunnel release, gentle elbow motion may begin early as comfort allows. If you had an ulnar nerve transposition, follow the brace or splint restrictions given by your surgeon.
- Avoid heavy gripping, lifting, pushing, pulling, or forceful use of the operative arm.
- Do not lean directly on the elbow or place pressure over the incision.
- You may use the hand for light activities such as eating, typing, dressing, and hygiene as comfort allows.
- Keep the elbow protected in crowded or uncontrolled environments.

5. Work

- Return to work depends on your job duties.
- Desk work or light duty may be possible within a few days to 2 weeks if pain is controlled and the incision can stay clean and protected.
- Jobs requiring lifting, pushing, pulling, tool use, patient care, or manual labor may require additional restrictions until cleared.

6. Driving

- Do not drive while taking narcotic pain medication.
- Do not drive if you are wearing a splint or brace that prevents safe steering or quick reaction.
- You may return to driving when you can safely grip the steering wheel, react quickly, and control the vehicle without significant pain or limitation.

7. Concerning Symptoms

Call the office if:

- Fever over 101.5°F or chills
- Worsening pain, numbness, tingling, or weakness in your fingers or hand
- Signs of infection (redness, swelling, foul odor, purulence)
- Excessive bleeding through the dressing
- Wound separation or opening
- Severe elbow stiffness or inability to move the fingers

Present to the Emergency Department if:

- Difficulty breathing / Shortness of breath
- Chest pain
- Rapidly worsening arm or hand swelling, severe pain, or concern for loss of circulation, cold/numb fingers

**We will see you back in the office 2 weeks after surgery for a wound check.
Please call the office to make or confirm this appointment.**

Early Recovery (2-6 Weeks)

1. Incision and Wound Care

- Continue to observe the incision for signs of infection or delayed healing.
- Once sutures are removed and the incision is healed, you may keep the incision uncovered.
- If the incision is still sensitive, you may cover it with a small bandage for comfort.
- Do not use creams, lotions, scar gel, or ointments until the incision is fully healed and cleared by your surgeon.
- Tenderness around the incision and sensitivity over the inside of the elbow are common during this stage.

2. Bathing

- Continue to avoid baths, hot tubs, and swimming until the incision is fully healed and you have been cleared.
- Showering is allowed once the incision is sealed and the dressing instructions allow it. Pat dry; do not scrub.

3. Pain Management

- You may start tapering off stronger pain medications if your pain levels allow.
- Continue to use NSAIDs / Tylenol to aid in pain relief if allowed.
- Ice and elevation may still be helpful after increased activity or therapy.

4. Activity

- Continue gentle finger, wrist, shoulder, and elbow motion as directed.
- Gradually increase light use of the hand and arm as tolerated.
- Avoid forceful gripping, repetitive elbow flexion, heavy lifting, pushing, pulling, or leaning on the elbow until cleared.
- If stiffness, swelling, hypersensitivity, or weakness is significant, hand or occupational therapy may be recommended.
- It is common for grip strength and fine motor control to feel weak early in recovery.

5. Work

- You may consider returning to work at this time if you feel comfortable and your job duties are light.
- Manual labor, repetitive gripping, heavy lifting, and tool use may require longer restrictions.

6. Driving

- You may return to driving only if you are no longer taking narcotic pain medication and can safely control the vehicle.

**We will see you back in the office 6 weeks after surgery.
Please call the office to make or confirm this appointment.**

Mid-Recovery (6-12 Weeks)

1. Incision and Wound Care

- Your incision should be well on its way to fully healing at this point.
- You may keep the incision uncovered.
- You may start using over-the-counter scar creams or ointments around 8 weeks if the incision is fully healed and cleared by your surgeon.

2. Bathing

- You may usually return to baths, hot tubs, and swimming once the incision is completely healed and cleared by your surgeon.

3. Pain Management

- You should be relying less on prescription pain medication.
- Over-the-counter medications such as NSAIDs / Tylenol should usually be sufficient if allowed.
- Intermittent soreness after increased use is common and should gradually improve.

4. Activity

- You may gradually return to heavier gripping, lifting, and strengthening as tolerated and as cleared.
- Continue elbow, wrist, and finger motion exercises until full comfortable motion is restored.
- Avoid prolonged pressure on the inside of the elbow, especially while driving, sitting at a desk, or sleeping.
- Repetitive or forceful arm use should be increased gradually rather than all at once.
- If numbness, tingling, stiffness, or weakness persists, therapy or further evaluation may be helpful.

5. Work

- Most patients can return to regular work duties by this stage, depending on job demands.
- Patients with heavy manual labor, repetitive gripping, vibration tools, or patient-care lifting may require a gradual return.

**We will see you back in the office 3 months after surgery.
Please call the office to make or confirm this appointment.**

Long-Term Maintenance (3 Months and Beyond)

1. Ongoing Recovery

- Most patients have meaningful improvement in numbness, tingling, and hand pain by this stage, but nerve recovery can continue for several months.
- Intrinsic hand weakness, grip weakness, or persistent numbness may take longer to improve if compression was severe before surgery.
- Continue normal hand, wrist, elbow, and shoulder use as tolerated.
- Maintain elbow flexibility and hand strength through regular daily activity or prescribed exercises.

2. Persistent or Recurrent Symptoms

- Persistent numbness, weakness, clawing, loss of fine motor control, or worsening pain should be evaluated.
- True recurrence after cubital tunnel release is uncommon but possible.
- Patients with diabetes, thyroid disease, inflammatory arthritis, neuropathy, smoking, or severe longstanding nerve compression may have slower or incomplete nerve recovery.

3. Lifestyle Modifications

- Avoid smoking or tobacco use, as this can impair wound healing and nerve recovery.
- Maintain good blood sugar control if diabetic.
- Maintain good nutrition and hydration to support wound healing.
- Follow all restrictions and attend follow-up appointments as directed.

We will see you back in the office 6 and 12 months after surgery if needed.

Please call the office to make or confirm this appointment.

Key Reminders Throughout Recovery

- Keep the incision clean and dry until healed.
- Do not soak the elbow until cleared.
- Move the fingers, wrist, and shoulder early to prevent stiffness unless instructed otherwise.
- Follow elbow motion, brace, and splint restrictions exactly as directed.
- Avoid leaning on the elbow or placing direct pressure over the incision.
- Avoid heavy gripping, lifting, pushing, or pulling until cleared.
- Elevate the hand and arm early after surgery to reduce swelling.
- Call the office for increasing redness, swelling, drainage, fever, worsening pain, worsening numbness, weakness, or wound concerns.
- Recovery varies by patient, especially with diabetes, smoking, neuropathy, revision surgery, or severe longstanding nerve compression.

Contact Information

Dr. Andrew Meyers

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Call the office if:

- Fever over 101.5°F or chills
- Increasing redness, swelling, warmth, foul odor, or drainage
- Worsening pain despite medication
- New or worsening numbness, tingling, weakness, or inability to move the fingers
- Wound opening or excessive bleeding

Present to the Emergency Department if:

- Difficulty breathing or shortness of breath
- Chest pain
- Rapidly worsening arm or hand swelling, severe pain, or concern for circulation problems

Disclaimer: This timeline is a general guide. Individual recovery can vary based on factors like age, overall health, and the extent of surgery. Always follow the personalized instructions provided by your surgeon and healthcare team.