

Mr. Jochen Fischer

State Exam Med, MRCSed, FRCS (Tr&Orth), MD
Consultant Orthopaedic & Upper Limb Surgeon



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Cubital tunnel release

You've been listed for an operation called cubital tunnel release. You should have received most of the information during your last consultation with me. While the operation is successful for the vast majority of patients, there is a small risk of complications. As part of the consent process I will explain some common and/or significant complications to you. This list doesn't include every single complication that could possibly occur, but will focus on the important ones. While it is important that you understand the risk of complications, this shouldn't put you off having the operation, as the potential benefits of successful surgery by far outweigh the small risk of complications. Please don't hesitate to get in touch with me if you've got any further questions about this.

Infection: There is always a small risk of infection following any surgery. The risk is small. If the wound should become red/hot/swollen/painful following the operation you should see myself, your GP or a Doctor in the A&E department for advice. A short course of Antibiotics will usually eradicate the infection.

Nerve damage: Accidental damage of the nerve is a very rare problem, but this could potentially leave you with significant problems including loss of sensation in the fingers and weakness of some muscles in your hand. Although some damaged nerves can be repaired, recovery is usually slow and often incomplete. Again: this is a very rare problem.

Incomplete recovery: The operation will release a nerve and give the nerve an opportunity to recover. Patients with mild to moderate nerve compression are likely to make a full recovery. Patients with moderate and especially those with severe nerve compression may not make a full recovery. This means that any altered sensation in the fingers may only improve a little bit or in severe cases not at all. Muscle wasting as a result of longstanding severe nerve compression is unlikely to recover. Pain in the hand/fingers at night usually gets better. The degree of recovery depends mainly on the severity of the problem and the length of time the nerve has been compressed.

Scar tenderness: This can sometimes be a problem. Most patients will get better with physiotherapy.

Recurrence: This is an uncommon problem. Some patients improve well initially following surgery, but if the scar forms in an awkward way the scar tissue can press on the nerve again and the initial symptoms may come back. This is can be treated with further surgery if required.

POSTAL ADDRESS
Spire Regency Hospital
West Street
Macclesfield
Cheshire SK11 8DW
Appointments:
01625 505 494

BMI Alexandra Hospital
Mill Lane
Cheadle
Cheshire SK8 2PX
Appointments:
0161 495 7770

Private Secretary
T: 07935 480 188
F: 01625 505 435
E: jfortho.secretary@gmail.com

Macclesfield District
General Hospital
Victoria Road
Macclesfield
Cheshire SK10 3BL

NHS Secretary
T: 01625 661 095
F: 01625 661 866

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Swelling and bruising: It is likely that there will be some swelling and bruising in your hand following surgery. This is only very rarely of any concern and will usually settle without any special treatment.

Pain syndrome: This is a rare but potentially disabling problem. It is a poorly understood condition where patients experience pain out of proportion following surgery. In severe cases this can also cause stiffness of the fingers. While intensive Physiotherapy can help most patients to control the symptoms, very few patients can be left with severe pain and stiffness leading to long-term disability.

Following Surgery:

Bandages: You will have a padded bandage around your elbow. This will leave your fingers free so you can use your hand. You can remove the outer bandages after 2 days. Keep the sticky dressing on. If it gets wet, replace it with a dry dressing. After 2 weeks the dressing can be removed and you can get the wound wet.

Sutures: They are absorbable. There is usually no need to formally remove the sutures.

Mobilisation: You can mobilise as pain allows. Get your hand involved in light daily activities as soon as the pain subsides. You can mobilise as pain allows. Try to get on with your normal life as good as you can. As long as you apply a bit of common sense you will be fine.

Pain killers: You will get some to take home from the ward. The local anaesthetic will start to wear off a few hours following surgery. When you start feeling the first sensations coming back, take some painkillers straight away. They work best when you take them early before it's really painful. Take some painkillers before you go to bed. If pain levels are high: Take painkillers regularly to keep the blood levels high. If pain levels are low: Take painkillers as and when required.

Problems following surgery: Phone the ward for advice.

If you would prefer to discuss this again with me prior to treatment then please contact my secretary : Tel 07935 480188, Email jfortho.secretary@gmail.com

POSTAL ADDRESS	BMI Alexandra Hospital	Private Secretary	Macclesfield District	NHS Secretary
Spire Regency Hospital	Mill Lane	T: 07935 480 188	General Hospital	T: 01625 661 095
West Street	Cheadle	F: 01625 505 435	Victoria Road	F: 01625 661 866
Macclesfield	Cheshire SK8 2PX	E: jfortho.secretary@gmail.com	Macclesfield	
Cheshire SK11 8DW	Appointments:		Cheshire SK10 3BL	
Appointments:	0161 495 7770			
01625 505 494				

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Wilmslow, SK9 1HY. Company registered in England and Wales No.: 7139141.