ROBERT PETTIT, MD

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ELBOW · PREPARING FOR SURGERY

Preparing for Your Cubital Tunnel Release

A Guide to Your Surgery

PROCEDURE	SETTING	ANESTHESIA	RECOVERY
Knee surgery	Typically outpatient — most patients go home the same day	General or regional — reviewed with anesthesia	Personalized week-by-week protocol

01 A MESSAGE FROM DR. PETTIT

Thank you for the opportunity to take part in your care. Our number one goal, along with our team at Beacon Orthopaedics and Sports Medicine, is to improve your quality of life through our knowledge, skill, experience, and — most importantly — compassionate care. Cubital Tunnel Release is a highly effective procedure, but we recognize that surgery can be stressful, and we hope to make this process as smooth as possible.

This guide is a resource to help you and your loved ones understand your upcoming surgery, prepare for the day of surgery, and know what to expect during your recovery. Please keep it with you up to your date of surgery and beyond. Our team is always here to answer your questions — please do not hesitate to contact us about anything.

Sincerely,
Robert J. Pettit, MD

02 ABOUT YOUR CUBITAL TUNNEL RELEASE

Cubital tunnel release relieves pressure on the ulnar nerve — the "funny bone" nerve — where it passes behind the inner elbow. Through a small incision, the tight tissue roofing the nerve is divided so the nerve can glide freely.

It is an outpatient procedure taking under an hour, done through a 1–2 inch incision, usually under light anesthesia.

03 IS THIS THE RIGHT PROCEDURE FOR YOU?

Surgery is recommended when numbness and tingling in the ring and small fingers persist despite splinting and activity changes, when symptoms wake you at night, or when there is muscle weakness or wasting in the hand — a sign the nerve is under sustained pressure.

Nerve testing (EMG/NCS) often confirms the diagnosis and grades severity before surgery.

04 RISKS TO UNDERSTAND

Serious complications are uncommon, and we take specific steps to prevent each of these — but you should know them:

- Infection (uncommon; the incision is small)
- Incomplete relief — nerves recover slowly, and long-standing numbness or weakness may improve only partially
- Tenderness of the scar or irritation of small skin nerves around the incision
- Elbow stiffness (temporary; early motion prevents it)
- Rarely, nerve instability (snapping) that would need a further procedure
- Blood clots and anesthesia risks (low for this surgery)

05 IN THE WEEKS BEFORE SURGERY

— Complete your pre-operative clearance. Depending on your age and health, you may need lab work, an EKG, or a visit with your primary care doctor or cardiologist. Our surgery scheduler will tell you exactly what is required

— Review your medications with us. Blood thinners (such as warfarin, Eliquis, Xarelto, Plavix, or aspirin) and certain supplements may need to be stopped before surgery

— but never stop a prescribed medication without instruction from the prescribing doctor

— Stop nicotine. Smoking and vaping slow healing. Stopping even a few weeks before surgery improves your recovery

— this is especially important for tendon, ligament, cartilage, and bone healing

— Arrange a ride and a helper. You cannot drive yourself home after anesthesia. Plan for a responsible adult to drive you and to stay with you the first night

— Prepare your home. Set up a comfortable recovery area with everything within reach, clear tripping hazards and loose rugs, and stock easy meals. If you will use crutches, a walker, a sling, or a brace, practice with it ahead of time

— Fill prescriptions early. If Dr. Pettit sends pain medication or other prescriptions before surgery, fill them ahead of time so they are ready when you get home.

— Stop NSAIDs and blood thinners as directed

— Arrange a ride home and help for the first few days

— Follow fasting instructions before surgery

06 THE DAY OF SURGERY

Sandy Evans, our surgery scheduler, will give you your exact arrival time and location, and will tell you when to stop eating and drinking — generally nothing to eat or drink after midnight the night before, unless you are told otherwise. Take only the medications we tell you to take, with a small sip of water. Leave jewelry and valuables at home, wear loose, comfortable clothing, and bring your photo ID, insurance card, and this guide. Most of our procedures are outpatient, meaning you go home the same day. You will meet the anesthesia team before your procedure to review your anesthesia plan and answer any questions.

07 WHAT TO EXPECT AFTER SURGERY

You will go home the same day with a soft dressing — most patients use the hand for light activities within days.

- Tingling often improves early; numbness and strength recover over weeks to months as the nerve heals from the inside out.
- Keep the incision clean and dry per your instructions; most patients shower at 3 days.
- Begin gentle elbow motion right away — full range of motion early is part of the operation working.

08 POST-OP QUICK REFERENCE

- **Weight-bearing / arm use:** Light use of the hand immediately; no forceful gripping or leaning on the elbow for 2–4 weeks.
- **Brace / sling:** Soft dressing only; no splint needed for a standard release.
- **Physical therapy:** Home nerve-gliding exercises from week 1; formal therapy only if stiffness or sensitivity develops. Protocol: robertpettitmd.com/protocols/cubital-tunnel-release.html
- **Driving:** When off opioids and you can grip the wheel comfortably — often within a few days.
- **Work:** Desk work within a few days; heavy or vibratory work typically 4–6 weeks.
- **Follow-up:** Wound check at 10–14 days.

09 COMMON QUESTIONS

How long until the numbness goes away?
Nerves recover about an inch per month. Recent, intermittent symptoms may resolve in weeks; chronic numbness improves over months and, if the nerve was severely compressed, may not fully normalize — which is why we operate before that point.

Will I need therapy?
Most patients need only the home program. We add formal therapy if the elbow stiffens or the scar becomes sensitive.

Is the surgery worth it for tingling alone?
Persistent symptoms despite splinting — especially night symptoms or any weakness — are exactly when a release protects the nerve from permanent damage.

10 QUESTIONS & SCHEDULING

Once you and Dr. Pettit decide on surgery, **Sandy Evans**, our surgery scheduler, will handle your surgery date, insurance authorization, pre-operative clearances, and exact arrival instructions. **Maria Dodd, PA-C** helps manage your recovery — medications, imaging, and questions — throughout.

Surgery scheduling & direct office line: (513) 441-5639 · Main office: (513) 354-3700

SCAN FOR THE LATEST VERSION ONLINE

robertpettitmd.com/handouts/prepare/cubital-tunnel-release.pdf

This guide is for general patient education and does not replace personalized medical advice. Always follow the specific instructions given by Dr. Pettit and your care team.