UW Medicine



Bone and Joint Center – Hand Team 4245 Roosevelt Way NE Seattle, WA 98105-6920 Campus Box 354740

After Your Ulnar Nerve Decompression

Self-care and follow-up

□ Dressing and Wound Care

- After surgery, you will be in a bulky dressing (bandage) that covers your elbow, forearm, and wrist. The bandage must be kept dry.
- When showering or bathing, cover the bandage and your hand with a plastic bag to keep everything dry. The bandage protects the incision and helps to reduce swelling.
- Elevate your hand above your heart as much as possible to lessen swelling and pain. Pillows and blankets under the arm are helpful when you go to sleep.
- You may start moving your elbow, wrist, and fingers for light activities right after surgery.
- The bandage may be removed after 5 days. You will need to cover your incision with clean dressings that should be changed daily.

If your incision is red, foul-smelling, or there is drainage coming from it during daytime hours, call us right away at (206) 598-4263 (HAND). After office hours, you can call the hospital operator at (206) 598-6190 and ask for the Hand Fellow on-call. Go to the emergency room or urgent care if this happens at night or on the weekend.

□ Pain Management

- You will receive a prescription for narcotic pain medicine and an antiinflammatory. Take the narcotic medicine only if you need it. If your pain is mild, you make take Tylenol (acetaminophen) instead.
- You will be prescribed an anti-inflammatory to take for the first 7-10 days.
 This will also help with pain and swelling. You may continue to take this after you stop the narcotic pain medicine.
- Be sure to talk with the clinic nurse about how to take your pain medication. Taking the correct dose at the right time is very important.
- If you have uncomfortable side effects from the pain medicine, please call the nurse at (206) 598-4263 (HAND).

□ Driving

 Do not drive if you are taking narcotic pain medication. It is not safe. The medicine can make you sleepy and delay your reaction

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 Once you are no longer taking the medicine, you may drive as soon as you can comfortably grip the steering wheel with both hands.

☐ Activity

- It is very common to have swelling and bruising around the elbow for up to two weeks after surgery that may limit your movement and use of the arm.
- Move your fingers often to help prevent stiffness. Try to bend and straighten your elbow, wrist, and fingers completely 5 or 6 times every day, right after surgery.
- Because you won't be using your arm for your everyday activities, also exercise your shoulder several times a day by raising your arm overhead. This will help prevent stiffness in your shoulder.
- Do **not** lift or use any object heavier than a cup until the sutures have been removed. Typing and writing right after surgery are allowed.

☐ Follow-Up Plan

- When you leave the surgery center, you should have a follow-up already set up with an Occupational Hand Therapist 2 weeks after surgery
- · Your surgeon will visit you during this therapy session.
- The Hand Therapist will assess your incision, swelling, and movement.
 Your sutures will also be removed. The Therapist will teach you exercises
 to lessen the scarring around the incision, increase your strength and
 improve your range of motion
- Once your sutures are removed, you can increase activities as tolerated but avoid heavy repetitive activities for 4 weeks after surgery.
- You will have a follow-up appointment with the surgical team 6 weeks after your surgery to assess your progress.

□ Results

- Most patients who have ulnar nerve decompression surgery regain full use of their hand, wrist, and elbow.
- It may take 4 or 5 months to regain full strength. Some people will continue to notice a difference up to a year after surgery.
- It is important to remember that if you had long-standing nerve compression, some of the numbness may persist and not completely go away.